

RICK SINGH, CFA ORANGE COUNTY PROPERTY APPRAISER 200 South Orange Avenue, Suite 1700 Orlando, FL 32801-3438 Commercial Section (407) 836-5978	State of Florida County of Orange For Year Ending December 31, 2018	Income and Expense Survey Confidential per 195.027 Florida Statute Return By April 19, 2019
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* If you are printing this form and mailing it to our office, please make sure to fill in the red boxes so the parcel can be properly identified.

Property Owner Name: _____

Mailing Address: _____

Parcel ID Number: _____

Property Name: _____

Property Address: _____

Please provide: (1) January 1, 2019 rent roll, (2) December 31, 2018 year end Income and Expense statement, (3) 2018 Tax Return, and (4) 2018 Balance Sheet.

I. INCOME (PLEASE SEE SCHEDULES ON REVERSE SIDE)

Office	(See Schedule A)	(1)	_____
Industrial	(See Schedule B)	(2)	_____
Retail	(See Schedule C)	(3)	_____
Apartment/Rental	(See Schedule D)	(4)	_____
Mobile Home / RV Parks	(See Schedule D)	(5)	_____
Hotel / Motel	(See Schedule E)	(6)	_____
Total Income	(Add Lines 1 thru 6)	(7)	_____

II. OPERATING EXPENSES

Utilities	(8)	_____	
Maintenance	(9)	_____	
Administration	(10)	_____	
Management	(11)	_____	
Services	(12)	_____	
Property Insurance	(13)	_____	
Franchise Fees	(14)	_____	
Miscellaneous	(15)	_____	
*Total Operating Expenses (Add Lines 8 thru 15)			(16) _____

* Exclude Taxes, Interest, Depreciation, Debt Service & Capital Expenditures

III. NET OPERATING INCOME (Subtract Line 16 from Line 7) **(17)** _____

IV. OTHER INFORMATION

*Reserves for replacement charged this period _____

Capital Improvements charged this period _____

Tenant Improvements charged this period _____

* Please submit documentation

V. MORTGAGE INFORMATION

	1st Mortgage	2nd Mortgage	3rd Mortgage
Date	_____	_____	_____
Original Amount	_____	_____	_____
Interest Rate %	_____	_____	_____
Term (Years)	_____	_____	_____
Balloon (Amount/Date)	_____	_____	_____

VI. APPRAISAL/ SALE INFORMATION

Has there been an appraisal on the property within the last 2 years? _____ Appraised Value: _____

If property is for sale, please give the asking price: _____ Listing Broker: _____ Time on the market _____

If you purchased the property within the past 3 years, give date: _____ Price Paid: _____

If you had the building constructed, give date: _____ Cost: _____

Is this property in foreclosure? _____ How Long? _____ By Whom? _____

What is your opinion of value? _____ Why? _____

VII. OWNED INTANGIBLE PERSONAL PROPERTY (ATTACH BALANCE SHEET)

Description: _____ Amount per Balance Sheet: _____

SCHEDULES A THRU C

OFFICE / INDUSTRIAL / RETAIL

	SQUARE FEET	ASKING RENT
NET LEASABLE AREAS:	Office Space _____	_____
	Retail Anchor Space _____	_____
	Retail Local Space _____	_____
	Industrial Space _____	_____
	Production Areas _____	_____
	Other _____	_____
	Total _____	_____

Total Units _____
 Tenant Count _____

NLA/SF	RENT RATE	BEGIN DATE	END DATE

NLA/SF	RENT RATE	BEGIN DATE	END DATE

INCOME	SCHEDULE A (OFFICE)	SCHEDULE B (INDUSTRIAL)	SCHEDULE C (RETAIL)
Gross Rent @ 100 % Occupancy	_____	_____	_____
Vacancies (Rent Loss)	_____	_____	_____
Concessions to Lease	_____	_____	_____
Actual Rents Received	_____	_____	_____
Misc/Other Income(% Rent, Cell Tower)	_____	_____	_____
Pass Thrus & CAM	_____	_____	_____
Parking	_____	_____	_____
Total Income	_____	_____	_____
Average Annual Occupancy %	_____	_____	_____

SCHEDULE D APARTMENT / MOBILE HOME PARKS

INCOME	#UNITS/SPACE	RENT RANGE	UNIT SIZE	
Gross Rent @ 100% Occupancy	_____	_____	_____	MHP (Lot only) _____
Vacancies and Rent Loss	_____	_____	_____	MHP (Lot&Home) _____
Actual Rents Received	_____	_____	_____	RV Park _____
Concessions to Lease	_____	_____	_____	Studio/Eff _____
Other Income	_____	_____	_____	1B1B _____
Total Income	_____	_____	_____	2B1B _____
Total Units / Spaces _____ Avg Annual Occupancy % _____				2B2B _____
Property Subsidized? _____ Which Program? _____				3B2B _____
Number of Park Owned Mobile Homes _____				TH/Loft _____
				Retail/Restaurant _____

Included in Rent:

Water

Sewer

Trash

Pest

Electric

Cable

Other

SCHEDULE E HOTEL / MOTEL

INCOME	EXPENSES
Rooms _____	Rooms _____
Food & Beverage _____	Food & Beverage _____
Other Operated Departments _____	Other Operated Departments _____
Miscellaneous Income _____	Administrative and General _____
Total Income _____	Information & Telecommunications Systems _____
	Sales & Marketing _____
	Property Operation and Maintenance _____
	Utilities _____
	Miscellaneous _____
	Total Operating Expenses _____

	# SEATS	SQUARE FEET	
Restaurants _____	_____	_____	Total Rooms _____
Lounges _____	_____	_____	Avg Daily Rate _____
Banquet _____	_____	_____	Avg Occupancy _____%
Convention _____	_____	_____	
Retail _____	_____	_____	
Other _____	_____	_____	

VIII. ADDITIONAL COMMENTS

Large empty rectangular area for additional comments.

SECTION IX

Please Attach Corresponding Profit/Loss Statement And Rent Roll

Person Preparing Form _____

Owner / Employee Agent (If Agent, state company name)

Phone _____ Fax _____

_____ company name

E-Mail _____

Signature _____ Date _____