

**Seminole County Property Appraiser**  
Attn: Commercial Department  
1101 E. First Street  
Sanford, FL 32771

**SEMINOLE COUNTY  
FLORIDA**

**For Year Ending  
December 31, 2024**

**Income and Expense Survey**

Confidential per 195.027 Florida Statute

**Return By April 25, 2025**

**Owner Name:**

**Mailing Address:**

**Parcel ID Number:**

**Property Name:**

**Property Address:**

*Please provide: (1) Jan-Dec 2024 rent roll, (2) December 31, 2024 year end Income and Expense statement, (3) 2024 Tax Return, and (4) 2024 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)	_____
<b>Total Income</b>	(Add Lines 1 thru 6)		<b>(7)</b> _____

**II. OPERATING EXPENSES**

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

**\* 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 \_\_\_\_\_ **\* Please submit documentation**

Tenant Improvements charged this period \_\_\_\_\_

**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	_____	_____
<b>Total</b>	_____	_____

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	_____	_____	_____
<b>Total Income</b>	_____	_____	_____
<b>Average Annual Occupancy %</b>	_____	_____	_____

**SCHEDULE D**

**APARTMENT / MOBILE HOME PARKS**

**INCOME**

Gross Rent @ 100% Occupancy	_____
Vacancies and Rent Loss	_____
Actual Rents Received	_____
Concessions to Lease	_____
Other Income	_____
<b>Total Income</b>	_____
Total Units / Spaces _____ Avg Annual Occupancy % _____	
Property Subsidized? _____ Which Program? _____	
Number of Park Owned Mobile Homes _____	

	#UNITS/SPACE	RENT RANGE	UNIT SIZE
MHP (Lot only)	_____	_____	_____
MHP (Lot&Home)	_____	_____	_____
RV Park	_____	_____	_____
Studio/Eff	_____	_____	_____
1B1B	_____	_____	_____
2B1B	_____	_____	_____
2B2B	_____	_____	_____
3B2B	_____	_____	_____
TH/Loft	_____	_____	_____
Retail/Restaurant	_____	_____	_____

**Included in Rent:**

- Water
- Sewer
- Trash
- Pest
- Electric
- Cable
- Other

**SCHEDULE E**

**HOTEL / MOTEL**

**INCOME**

Rooms	_____
Food & Beverage	_____
Other Operated Departments	_____
Miscellaneous Income	_____
<b>Total Income</b>	_____

**EXPENSES**

Rooms	_____
Food & Beverage	_____
Other Operated Departments	_____
Administrative and General	_____
Information & Telecommunications Systems	_____
Sales & Marketing	_____
Property Operation and Maintenance	_____
Utilities	_____
Miscellaneous	_____
<b>Total Operating Expenses</b>	_____

	# SEATS	SQUARE FEET
Restaurants	_____	_____
Lounges	_____	_____
Banquet	_____	_____
Convention	_____	_____
Retail	_____	_____
Other	_____	_____

Total Rooms \_\_\_\_\_  
 Avg Daily Rate \_\_\_\_\_  
 Avg Occupancy \_\_\_\_\_%

**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 \_\_\_\_\_