

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

**SEMINOLE COUNTY
FLORIDA**

**For Year Ending
December 31, 2025**

Income and Expense Survey

Confidential per 195.027 Florida Statute

Return By April 24, 2026

Owner Name:

Mailing Address:

Parcel ID Number:

Property Name:

Property Address:

Please provide: (1) Jan-Dec 2025 rent roll, (2) December 31, 2025 year end Income and Expense statement, (3) 2025 Tax Return, and (4) 2025 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 _____ *** 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	_____	_____
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	Included in Rent:
Gross Rent @ 100% Occupancy	_____	_____	_____	<input type="checkbox"/> Water
Vacancies and Rent Loss	_____	_____	_____	<input type="checkbox"/> Sewer
Actual Rents Received	_____	_____	_____	<input type="checkbox"/> Trash
Concessions to Lease	_____	_____	_____	<input type="checkbox"/> Pest
Other Income	_____	_____	_____	<input type="checkbox"/> Electric
Total Income	_____	_____	_____	<input type="checkbox"/> Cable
Total Units / Spaces _____ Avg Annual Occupancy % _____				<input type="checkbox"/> Other
Property Subsidized? _____ Which Program? _____				
Number of Park Owned Mobile Homes _____				
	MHP (Lot only)	_____	_____	
	MHP (Lot&Home)	_____	_____	
	RV Park	_____	_____	
	Studio/Eff	_____	_____	
	1B1B	_____	_____	
	2B1B	_____	_____	
	2B2B	_____	_____	
	3B2B	_____	_____	
	TH/Loft	_____	_____	
	Retail/Restaurant	_____	_____	

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 _____
Restaurants # SEATS _____ SQUARE FEET _____	Property Operation and Maintenance _____
Lounges _____	Utilities _____
Banquet _____	Miscellaneous _____
Convention _____	Total Operating Expenses _____
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 _____