

PIN:	<div>CONFIDENTIAL</div> <div>PER F.S. 195.027</div> <div>Tracy S. Drake, CFA, CAE, ASA, RES, AAS</div> <div>Clay County Property Appraiser</div> <div>Attn: Tom Marcy - Commercial Department</div> <div>P.O. Box 38</div> <div>Green Cove Springs, FL 32043</div> <div>(904) 284-6305 x 2266</div>
OWNER'S NAME:	
PLACE NAME:	

PROPERTY NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

INCOME:

GROSS POSSIBLE RENTS @ 100% OCCUPANCY

	\$	\$	\$
(1) APARTMENTS	_____		
(2) VACANCY	_____		
(3) RENT CONCESSIONS	_____		
(4) COLLECTION LOSS	_____		
(5) TOTAL NET RENTAL INCOME	=	_____	

OTHER INCOME

(6) MISCELLANEOUS INCOME	_____		
(7) LAUNDRY	_____		
(8) VENDING	_____		
(9) NON REFUNDABLE DEPOSITS	_____		
(10) TOTAL OTHER INCOME	=	_____	
(11) TOTAL INCOME FROM APARTMENT OPERATIONS		=	_____

EXPENSES:

UTILITIES:

ELECTRICITY	_____		
WATER & SEWER	_____		
GAS	_____		
FUEL OIL	_____		
OTHER	_____		
(12) TOTAL UTILITIES EXPENSES	=	_____	

MAINTENANCE AND REPAIR:

ELEC., PLUMBING, HVAC REPAIRS	_____		
EXTERIOR REPAIRS	_____		
ROOF REPAIRS	_____		
INTERIOR PAINT & DECORATING	_____		
MISC. MAINT. & REPAIRS	_____		
CONTRACT REPAIRS	_____		
SUPPLIES / MATERIALS	_____		
(13) TOTAL MAINT. AND REPAIR EXPENSES	=	_____	

SERVICES:

TRASH REMOVAL	_____		
LANDSCAPE / LAWN SERVICE	_____		
SECURITY	_____		
PEST CONTROL	_____		
MISCELLANEOUS	_____		
(14) TOTAL SERVICES EXPENSES	=	_____	

PAYROLL

MAIN. & REPAIR PAYROLL	_____		
ADMINISTRATIVE PAYROLL	_____		
PAYROLL TAXES	_____		
EMPLOYEE INSUR. & WORKMAN'S COMP.	_____		
(15) TOTAL PAYROLL EXPENSES	=	_____	

ADMINISTRATIVE:

MANAGEMENT FEE	_____		
LEASING COMMISSIONS	_____		
ADVERTISING	_____		
TELEPHONE	_____		
ACCOUNTING & LEGAL	_____		
ADMINISTRATIVE SUPPLIES	_____		
OTHER ADMINISTRATIVE	_____		
(16) TOTAL ADMINISTRATIVE EXPENSES	=	_____	
(17) PROPERTY INSURANCE EXPENSE (1 YEAR)	=	_____	
(18) RESERVES FOR REPLACEMENT EXPENSE	=	_____	

(19) TOTAL OPERATING COSTS = \_\_\_\_\_

(20) INTEREST EXPENSE CHARGED THIS PERIOD \_\_\_\_\_

(21) DEPRECIATION EXPENSE CHARGED THIS PERIOD \_\_\_\_\_

(22) PROPERTY TAX EXPENSE CHARGED THIS PERIOD \_\_\_\_\_

UNIT MIX INFORMATION

TOTAL NUMBER OF UNITS TOTAL NUMBER OF OCCUPIED UNITS

PLEASE FILL OUT THE SECTION BELOW OR ATTACH RENT ROLL

UNIT TYPE: # OF BEDROOMS / # OF BATHROOMS	LOCATION: POOLSIDE, UPSTAIRS, DOWNSTAIRS,	SQUARE FOOTAGE OF UNIT	RENT PER MONTH	NUMBER OF UNITS

IS THIS PROPERTY SUBSIDIZED ? YES / NO IF YES, BY WHOM?

ANNUAL AMOUNT OF SUBSIDY \$

IS THS SUBSIDY AMOUNT INCLUDED IN "APARTMENT RENT" ON LINE 1 (prev. page)? YES / NO PLEASE EXPLAIN:

UTILITIES THAT ARE FURNISHED: (Y/N) GAS ELEC. WATER TRASH

NUMBER OF STORIES NUMBER OF ELEVATORS YEAR BUILT

AMOUNT OF REAL ESTATE INSURANCE COVERAGE \$

MORTGAGE INFORMATION

	1st MTG.	2nd MTG.	3rd MTG.
DATE .....	/	/	/
ORIGINAL AMOUNT.....	\$	\$	\$
INTEREST RATE.....	%	%	%
TERM IN YEARS & MOS.....	&	&	&
PAYMENT (\$ per mo. semi, annual)..	\$ /	\$ /	\$ /
BALLOON PAYMENT.....	\$ /	\$ /	\$ /

IF THIS PROPERTY IS FOR SALE, ASKING PRICE: \$ HOW LONG ON MARKET?

LISTING BROKER: TELEPHONE:

PERSON PREPARING RETURN:

DATE: TELEPHONE:

NAME OF TAX CONSULTANT OR ANYONE OTHER THAN OWNER AUTHORIZED TO REPRESENT THIS PROPERTY.

NAME ADDRESS PHONE