

INCOME AND EXPENSE ANALYSIS: APARTMENT COMPLEX

for Calendar year _____ or period beginning _____ / 01 / _____ and ending 12/31/ _____

PIN: OWNER'S NAME: PLACE NAME:	CONFIDENTIAL PER F.S. 195.027 Roger A. Suggs, CFA, AAS Clay County Property Appraiser Attn: Tom Marcy - Commercial Department P.O. Box 38 Green Cove Springs, FL 32043 (904) 284-6305 x 2266
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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 (_____) _____