

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

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

INCOME:

GROSS POSSIBLE RENTS @ 100% OCCUPANCY

	\$	\$	\$
(1) OFFICES	_____		
(2) RETAIL	_____		
(3) WAREHOUSE	_____		
(4) OTHER RENTABLE AREAS	_____		
(5) GROSS POSSIBLE RENTAL INCOME	=	_____	
(6) VACANCIES AND RENT LOSS	_____		
(7) EFFECTIVE RENTAL INCOME	_____		
(8) OTHER INCOME:	_____		
COMMON AREA MAINTENANCE	_____		
INSURANCE	_____		
TAXES	_____		
TOTAL OTHER INCOME	=	_____	
(9) TOTAL INCOME FROM OPERATIONS		=	_____

EXPENSES:

	UTILITIES:		
	ELECTRICITY	_____	
	WATER & SEWER	_____	
	GAS	_____	
	FUEL OIL	_____	
	OTHER	_____	
(10)	TOTAL UTILITIES	=	_____
	JANITORIAL:		
	PAYROLL AND CONTRACTS	_____	
	CLEANING SUPPLIES	_____	
	MISCELLANEOUS	_____	
(11)	TOTAL JANITORIAL	=	_____
	MAINTENANCE AND REPAIR:		
	MAINT. & REPAIR PAYROLL	_____	
	HVAC REPAIRS	_____	
	ELEC. REPAIRS	_____	
	PLUMBING REPAIRS	_____	
	REPAIR CONTRACTS	_____	
	EXTERIOR REPAIRS	_____	
	ROOF REPAIRS	_____	
	ELEVATOR REPAIRS	_____	
	PARKING LOT REPAIRS	_____	
	DECORATING-TENANT	_____	
	DECORATING-PUBLIC	_____	
	MISCELLANEOUS	_____	
(12)	TOTAL MAINT. AND REPAIR	=	_____
	ADMINISTRATIVE:		
	PAYROLL	_____	
	ADVERTISING	_____	
	ACCOUNTING AND LEGAL	_____	
	LEASING COMMISSIONS	_____	
	PROPERTY MANAGEMENT FEE	_____	
	RENTAL TAX	_____	
	OTHER COSTS	_____	
(13)	TOTAL ADMINISTRATIVE	=	_____
	OTHER PAYROLL COSTS:		
	PAYROLL	_____	
	EMPLOYEE BENEFITS	_____	
(14)	TOTAL OTHER PAYROLL	=	_____
	SERVICES:		
	LANDSCAPE	_____	
	TRASH REMOVAL	_____	
	SECURITY	_____	
	WINDOW WASHING	_____	
	MISCELLANEOUS	_____	
(15)	TOTAL SERVICES	=	_____
(16)	PROPERTY INSURANCE (1 YEAR)	=	_____
(17)	RESERVES FOR REPLACEMENT	=	_____
(18)	TOTAL OPERATING COSTS		= _____

(19)

INTEREST EXPENSE

(20)

DEPRECIATION EXPENSE

(21)

PROPERTY TAX EXPENSE

(22)

GROUND RENT

ADDITIONAL INFORMATION

NUMBER OF STORIES: _____ NUMBER OF ELEVATORS: _____ YEAR BUILT: _____

PLEASE FILL OUT PORTION BELOW OR ATTACH RENT ROLL

RENT ROLL (as applicable)

TENANT NAME	LEASABLE SQ. FT.	BASE RENT PER SQ. FT.	CAM PER SQ. FT.	INSUR. PER SQ. FT.	TAXES PER SQ. FT.	TOTAL RENT PER SQ. FT.

NOTE: PLEASE LIST ALL TENANTS AND LEASABLE AREA, INCLUDING THOSE WHICH ARE OWNER OCCUPIED OR VACANT.

MORTGAGE INFORMATION

DATE

ORIGINAL AMOUNT

INTEREST RATE

TERM IN YEARS

PAYMENT

IF THIS PROPERTY IS FOR SALE, ASKING PRICE: \$ _____

LISTING BROKER: _____ TELEPHONE: _____

PERSON PREPARING RETURN: _____

DATE: _____ TELEPHONE: _____