

INCOME AND EXPENSE ANALYSIS: WAREHOUSE

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

PIN: OWNER'S NAME: PLACE NAME:	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
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PROPERTY NAME: _____

PROPERTY ADDRESS: _____

INCOME:

GROSS POSSIBLE RENTS @ 100% OCCUPANCY

	\$	\$	\$
(1) WAREHOUSE SPACE			
(2) OTHER RENTABLE AREAS			
(3) GROSS POSSIBLE RENTS @ 100%			
(4) VACANCY AND RENT LOSS			
(5) TOTAL NET RENTAL INCOME	=		

OTHER INCOME

(6) COMMON AREA MAINTENANCE			
(7) INSURANCE			
(8) TAXES			
(9) OTHER			
(10) TOTAL OTHER INCOME	=		
(11) TOTAL INCOME FROM PROPERTY OPERATIONS		=	

EXPENSES:

UTILITIES:

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

MAINTENANCE AND REPAIR:

MAINT. & REPAIR PAYROLL			
ELEC., PLUMBING, HVAC REPAIRS			
EXTERIOR REPAIRS			
PARKING LOT REPAIRS			
ROOF REPAIRS			
CONTRACT REPAIRS			
MISC. MAINT. & REPAIRS			
JANITORIAL			
SUPPLIES			
(13) TOTAL MAINT. AND REPAIR EXPENSES	=		

SERVICES:

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

ADMINISTRATIVE:

MANAGEMENT FEE			
ADVERTISING			
RENTAL TAX			
PAYROLL & PAYROLL TAXES			
ACCOUNTING & LEGAL			
ADMINISTRATIVE SUPPLIES			
OTHER ADMINISTRATIVE			
(15) TOTAL ADMINISTRATIVE EXPENSES	=		
(16) PROPERTY INSURANCE EXPENSE (1 YEAR)	=		
(17) RESERVES FOR REPLACEMENT EXPENSE	=		

(18) **TOTAL OPERATING COSTS** = _____

(19) **INTEREST EXPENSE CHARGED THIS PERIOD** _____

(20) **DEPRECIATION EXPENSE CHARGED THIS PERIOD** _____

(21) **PROPERTY TAX EXPENSE CHARGED THIS PERIOD** _____

ADDITIONAL INFORMATION

TYPE OF FACILITY

DRY STORAGE W/H _____ MINI W/H _____ FLEX SPACE _____ DISTRIBUTION _____

OTHER _____ DESCRIBE _____

TENANT: MULTI _____ OR OTHER SINGLE _____ CEILING HEIGHT _____

NET RENTABLE AREAS

	NO. OF SQ. FT.	ANNUAL ASKING RENT PER SQ. FT.
WAREHOUSE SPACE.....	_____	_____
COLD STORAGE OR FREEZER SPACE.....	_____	_____
OFFICE SPACE.....	_____	_____
PRODUCTION AREAS.....	_____	_____
PRODUCT DISPLAY.....	_____	_____
RETAIL SPACE.....	_____	_____
OTHER (DESCRIBE _____).	_____	_____
TOTAL RENTABLE AREA.....	_____	_____

IF DRY STORAGE W/H:

IF MINI STORAGE W/H:

BAY SIZE	ASKING RENT	UNIT SIZE	NO. OF UNITS
BAY#1.....	TYPE #1.....	_____	_____
BAY#2.....	TYPE #2.....	_____	_____
BAY#3.....	TYPE #3.....	_____	_____
BAY#4.....	TYPE #4.....	_____	_____
BAY#5.....	TYPE #5.....	_____	_____

PLEASE FILL OUT PORTION BELOW OR ATTACH RENT ROLL

---RENT * ROLL---

SIZE IN SQUARE FEET	RENT PER SQUARE FEET	PASS-THROUGH CHARGES PER SQ. FT.	LEASE START DATE	LEASE END DATE

(IF ADDITIONAL SPACE IS REQUIRED, PHOTOCOPY THIS FORM)

MORTGAGE INFORMATION

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