

# Randy Mazourek Hernando County Property Appraiser 201 Howell Ave. Brooksville, FL 34601

Administration FAX: (352) 754-4198 Real Property/Tangible FAX: (352) 754-4198

Phone: 352-754-4190

Confidential Information per F.S. 195.027 - For Use by Hernando County Property Appraiser's Office Only

	INCOME AND EXPENSE STATEMENT FOR APARTMENTS												
Alternate Key: Partial Owner Oc							cupancy:	ç	%				
Parcel ID:													
Owner's Name:													
Property Address:													
Section 1 - Unit Info		Information	nformation # of		<u>Total</u>	Avg	Total	# Months					
	# Bedrooms	# Bathrooms	Units	Sq. Ft.	Sq. Ft	<b>Monthly Rent</b>	<b>Annual Rent</b>	Vacan	t				
1			0		0	\$ -	\$ -	0					
2			0		0	\$ -	\$ -	0					
3			0		0	\$ -	\$ -	0					
4			0		0	\$ -	\$ -	0					
5			0		0	\$ -	\$ -	0					
6			0		0	\$ -	\$ -	0					
		TOTALS	0		0		\$ -						
	1			SECTION 2	2 - INCOME								
7	1	ss Rent (as if 10	0% occupied)				\$		7				
	Less Vacancy		\$	-	8								
	Less Collecti		\$ - \$ -		9								
	Less Concessions 0%								10				
	Miscellaneous Income (please explain)						\$ -		11				
12	TOTAL RENTA	L INCOME					\$	-	12				
	ı			SECTION 2 - O	THER INCOME		<u></u>		13				
	Real Estate Tax Reimbursement							\$ - \$ -					
	<b>-</b>								14				
	Utilities Reimbursement (electric, water, sewer, trash)								15				
	Common Area Maintenance (grounds, landscaping, parking lot upkeep)								16				
								-	17				
	Miscellaneou	\$ <b>\$</b>		18									
	9 TOTAL OTHER INCOME							-	19				
20	20 EFFECTIVE GROSS INCOME \$								20				

PLEASE INCLUDE A SUMMARY RENT ROLL (or complete page 2) AND THE ANNUAL PROFIT AND LOSS STATEMENT



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SECTION 3 - EXPENSES													
21	Management	\$ -	21 OTHER EXPENSES										
22	Payroll & Payroll Taxes	\$ -	22 35. Capi	tal Expenditures	\$	- 35							
23	Administrative	\$ -	23										
24	Marketing	\$ -	24										
25	Utilities Total	\$ -	25										
	a. Electric \$ -												
	b. Water/Sewer \$ -			Utilities Included in Rent									
	c. Cable/Internet \$ -			36. Electric		36							
	d. Trash \$ -			37. Water		37							
	e. Telephone \$ -			38. Cable		38							
26	Building Repairs and Maintenance	\$ -	26	39. Internet		39							
27	Grounds Maintenance	\$ -	27	40. Sewer		40							
28	Insurance	\$ -	28	41. Telephone		41							
29	Reserves for Replacement	\$ -	29	42. Gas		42							
30	Other Expenses (please specify)	\$ -	30	•	•	·							
31	TOTAL OPERATING EXPENSES	\$ -	31										
32	NET OPERATING INCOME	\$ -	32										
33 Is the Property or a portion, Section 8/HUD Housing?													
55	is the Property of a portion, section	onriod riousing.	res NO	ii 30, now many	units:								
34	Is the Property subsidized?	Yes No											
	If so, report the amount collected ur	<del></del>	ncome, Line 1	11, on the first Pag	е								
	Prepared by:		Title:										
	Signature:		Date:										
	<del></del>												
	Phone:		Email:										

**RETURN BY APRIL 1** 



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### **DEFINITIONS AND INSTRUCTIONS**

### **SECTION 1 - PROPERTY/UNIT TYPE**

Lines 1 - 6, Identify the number and type/model of units available, # of each type, square feet of each type, and total square feet combined. Provide the average monthly rent and total annual rent for each type/model.

### **SECTION 2 - INCOME**

- Line 7 Enter the sum of all rents that could have been collected if 100% of the apartments had been occupied. Include all owner or staff-occupied units and models. Include amounts collected in subsidies.
- Line 8 Enter total amount of vacancy.
- Line 9 Enter total amount of Loss to Lease.
- Line 10 -Enter total amount of rental concessions.
- Line 11 Enter non-revenue units (corporate, staff, or models)

### **SECTION 2 - OTHER INCOME**

- Line 13 16 Enter the sum of all reimbursements received from the tenant for each applicable section. This is relevant to Net or Modified Gross Leases.
- Line 17 Enter the sum of services sold to tenants to include, coin operated laundry, vending machines, other miscellaneous income or pass-throughs.
- Line 18 Enter other pass-throughs you may receive for incidentals such as parking, signage, a/c, or utility charges, etc.

### **SECTION 3 - EXPENSES**

- Line 21 Include all off-site management fees associated with this building. Exclude asset management fees.
- Line 22 Include all on-site payroll expenses associated with this building.
- Line 23 Include all administrative costs and charges not included in other categories. Exclude automotive, bank interest fees, depreciation/amortization, interest, and travel expenses. Exclude mortgage payment, State of FL annual report fee, and office equipment.
- Line 24 Include all apartment marketing costs.
- Line 25- Include all utilities costs for this building even if some of these costs are billed back to your tenant.
- Line 26 Include all maintenance and repair charges associated with this building. Exclude appliance or HVAC replacements, capital expenditures, roof and utility replacements, new construction, and tenant improvement allowance.
- Line 27 Include all expenses for outside services (pool, grounds, etc.).
- Line 28 Include one year's insurance charges for fire, liability, theft, and all of the insurance premiums except workers' compensation and employee benefit plans.
- Line 29 Include the total amount held for reserves, if applicable.
- Line 30 Include other costs associated with this building if not included in the above. Please specify.
- Line 33 Provide the requested information regarding Section 8/HUD housing and number of units, if applicable.
- Line 34 If property is subsidized check yes and provide the amount collected under Miscellaneous Income on Line 11, page 1.
- Line 35 Report the amount spent in Capital Expenditures for the year.
- Line 36-42 Check the appropriate box for any utilities included in unit rent.