



Randy Mazourek
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201 Howell Ave.
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Confidential Information per F.S. 195.027 - For Use by Hernando County Property Appraiser's Office Only

INCOME AND EXPENSE STATEMENT FOR MULTI-FAMILY RENT RESTRICTED/SUBSIDIZED/LIHTC's

For Year Ended 12/31/25

Alternate Key: _____

Parcel ID: _____

Business/Company Name: _____

Owner Name (if different): _____

Property Address: _____

SECTION 1 - PROPERTY INFORMATION

		# of	Unit Size	#	Monthly	Utility	Total	# of	
		Units	Sq. Ft.	Occupied	Rent	Allowance	Max Allowable	Units	
Type of Unit							Rent Incl. Util	Subsidized	
1	Efficiency	0	0	0	\$ -	\$ -	\$ -	0	1
2	Studio	0	0	0	\$ -	\$ -	\$ -	0	2
3	1 BR 1 BATH	0	0	0	\$ -	\$ -	\$ -	0	3
4	2 BR 1 BATH	0	0	0	\$ -	\$ -	\$ -	0	4
5	2 BR 1.5 BATH	0	0	0	\$ -	\$ -	\$ -	0	5
6	2 BR 2 BATH	0	0	0	\$ -	\$ -	\$ -	0	6
7	3 BR 2 BATH	0	0	0	\$ -	\$ -	\$ -	0	7
8	Townhouse 2 BR	0	0	0	\$ -	\$ -	\$ -	0	8
9	Townhouse 3 BR	0	0	0	\$ -	\$ -	\$ -	0	9
10	Other	0	0	0	\$ -	\$ -	\$ -	0	10
11	TOTAL	0	0	0				0	11

Note: Please include owner/manager, model, and or vacant units otherwise occupied in Section 1, attach additional sheet if necessary

SECTION 2 - INCOME

12	Rental Income - Tenant <i>(Actually collected)</i>	\$ -	12
13	Rental Income - Subsidy	\$ -	13
14	Rent Concessions	\$ -	14
15	Collection Loss	\$ -	15
16	Miscellaneous Income <i>(please explain)</i> _____	\$ -	16
17	TOTAL RENTAL INCOME	\$ -	17

Note: Per F.S. 193.017 the PAO must utilize the subject property's actual income for valuation purposes. If the PAO does not receive this information in a timely manner, the subject property will be modeled using the finances of comparable properties.

Prepared by: _____ Title: _____

Signature: _____ Email: _____

Phone: _____ Date: _____

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



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SECTION 3 - EXPENSES

18	Insurance	\$ -	18
19	Utilities (electric, water, sewer, phone, cable, etc.)	\$ -	19
20	Management Fees	\$ -	20
21	Payroll & Employee Benefits	\$ -	21
22	Administration (advertising, professional fees, office supplies, etc.)	\$ -	22
23	Maintenance & Repairs	\$ -	23
24	Services (grounds, elevator garbage collection, etc.)	\$ -	24
25	Professional Fees (legal, accounting, advertising)	\$ -	25
26	Reserves for Replacement	\$ -	26
27	Other: (specify) _____	\$ -	27
28	Tangible Personal Property Taxes	\$ -	28
29	Real Estate Taxes	\$ -	29
30	TOTAL EXPENSES	\$ -	30
31	NET OPERATING INCOME	\$ -	31

SECTION 4 - GENERAL

32	Utilities included in rent: (check all that apply)
	<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Cable
	<input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Other: (please specify) _____

33	How many units are subsidized?	0
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34	Current % AMGI Limit?	0%
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35	Does this complex target a specific population?	<input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Other <input type="checkbox"/> N/A
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36	Premium Charges:			
		# Available	# Occupied	\$/Month
	Garage	0	0	\$ -
	Covered Parking	0	0	\$ -
	Storage Units	0	0	\$ -
	Other: _____	0	0	\$ -

37	Is this property subsidized?
	If yes, under what program? <input type="checkbox"/> LIHTC <input type="checkbox"/> HUD SECTION 8 <input type="checkbox"/> USDA
	Other please specify: _____

38	Capital Expenditures:	\$ -
	Please explain: _____	



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INSTRUCTIONS

SECTION 1 - PROPERTY TYPE

Line 1 - 11 Select the appropriate property type and complete the # of units, unit size sq. ft, # occupied, average monthly rent, utility allowance and maximum allowable rent including utility allowance, per category.

SECTION 2 - INCOME

Line 10 - Enter the actual income collected.

Line 11 - Enter total amount of vacancy.

Line 12 - Enter total amount of Loss to Lease.

Line 13 - Enter total amount of rental concessions.

Line 14 - Enter total of tenant reimbursements.

Line 15 - Enter the total of any other miscellaneous income.

SECTION 3 - EXPENSES

Line 18 - Include one year's insurance charges for fire, liability, theft, and all of the insurance premiums except workers' compensation and employee benefit plans.

Line 19 - Include all utilities costs for this building even if some of these costs are billed back to your tenant.

Line 20 - Include all off-site management fees associated with this building. Exclude asset management fees.

Line 21 - Include all payroll and employee benefits.

Line 22 - 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 23 - 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 24 - Include the sum of services for contracted services (*grounds, elevator, etc.*) .

Line 25 - Include the total sum for professional fees (*legal, accounting, advertising*) .

Line 26 - Include the total amount held for reserves, if applicable.

Line 27 - Include any other expenses not accounted for in any other category.

Line 28 - Include any Tangible Personal Property Tax Expenses.

Line 29 - Include any Real Estate Tax Expenses.

SECTION 4 - GENERAL

Line 32 - Check all utilities that are included in monthly rent. Check all that apply.

Line 33 - Provide the number of units that are subsidized.

Line 34 - Provide the percentage of units that meet the Area Gross Median Income (AGMI) limit.

Line 35 - Identify the target population, if applicable.

Line 36 - Report premium charges, if any.

Line 37 - Provide the Federal Housing Program.

Line 38 - Provide the total capital expenditures for the year and explain.