



Neil Combee

ADA Compliant
R. 11/2024

Polk County Property Appraiser INCOME/EXPENSE ANALYSIS: MULTI FAMILY

(For Previous Calendar Year 1/1 through 12/31)

REAL ESTATE DIVISION

BUSINESS / COMPLEX NAME:

PROPERTY LOCATION:

PARCEL ID:

INCOME:

| | | | |
|----------------------|----|----|---------------|
| RENTAL INCOME | | \$ | _____ |
| VACANCY | % | | # UNITS _____ |
| RENT CONCESSIONS | \$ | | |
| COLLECTION LOSS | \$ | | |
| MISCELLANEOUS INCOME | \$ | | |
| TOTAL INCOME | | \$ | _____ |

EXPENSES:

| | |
|-------------------------|----|
| PROPERTY INSURANCE | \$ |
| UTILITIES | \$ |
| REPAIRS/MAINTENANCE | \$ |
| MANAGEMENT FEE | \$ |
| PAYROLL & BENEFITS | \$ |
| ADVERTISING & MARKETING | \$ |
| PROFESSIONAL FEES | \$ |
| GENERAL/ADMINISTRATIVE | \$ |

TOTAL OPERATING EXPENSES: \$ _____

NET OPERATING INCOME \$ _____

OTHER EXPENSES:

| | |
|--------------------------|----|
| REAL ESTATE TAXES | \$ |
| RESERVES FOR REPLACEMENT | \$ |
| CAPITAL EXPENDITURES | \$ |

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

PLEASE FILL OUT ALL PAGES OF THE FORM

NOTE: IN LIEU OF THE FORM, A YEAR END PROFIT & LOSS STATEMENT AND RENT ROLL AS OF JANUARY 1ST CAN BE PROVIDED

RENTAL UNIT INFORMATION:

| UNIT TYPE | UNIT SIZE (SqFt) | # OF UNITS | \$/MONTH | # OCCUPIED |
|-------------------|------------------|------------|----------|------------|
| EFFICIENCY | | | | |
| STUDIO | | | | |
| 1 BR 1 BATH | | | | |
| 2 BR 1 BATH | | | | |
| 2 BR 1 1/2 BATH | | | | |
| 2 BR 2 BATH | | | | |
| 3 BR 2 BATH | | | | |
| TOWNHOUSE 2 BR | | | | |
| TOWNHOUSE 3 BR | | | | |
| MANUFACTURED HOME | | | | |
| OTHER | | | | |

Note: include all units available including any set aside as a model or for staff

UTILITIES INCLUDED IN RENT: (CHECK ALL THAT APPLY)

| | | | | |
|----------|--------|-------|-------|----------|
| ELECTRIC | WATER | SEWER | CABLE | INTERNET |
| PHONE | OTHER: | | | |

PREMIUM & ADDITIONAL CHARGES: (floor location, garages, covered parking, storage units, etc.)

| DESCRIPTION | # AVAILABLE | \$/MONTH | # OCCUPIED |
|-----------------|-------------|----------|------------|
| 1ST FLOOR UNIT | | | |
| 2ND FLOOR UNIT | | | |
| 3RD FLOOR UNIT | | | |
| GARAGE | | | |
| COVERED PARKING | | | |
| STORAGE UNITS | | | |
| OTHER: | | | |

ADDITIONAL COMMENTS:**PREPARER INFORMATION:**

NAME & TITLE
 EMAIL ADDRESS
 TELEPHONE #
 DATE