



Marsha M. Faux, CFA, ASA

ADA Compliant
R. 01/2024

Polk County Property Appraiser

INCOME/EXPENSE ANALYSIS: MULTI FAMILY-RENT RESTRICTED/SUBSIDIZED

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

REAL ESTATE DIVISION

BUSINESS / COMPLEX NAME:

PROPERTY LOCATION:

PARCEL ID:

INCOME:

RENTAL INCOME - TENANT		\$
RENTAL INCOME - SUBSIDY (GOV'T OR OTHER)		\$
VACANCY	%	# UNITS
RENT CONCESSIONS	\$	
COLLECTION LOSS	\$	
MISCELLANEOUS INCOME	\$	
TOTAL INCOME		\$

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 manor, the subject property will be modeled using financials of comparable properties.

EXPENSES:

PROPERTY INSURANCE	\$	
UTILITIES	\$	
REPAIRS/MAINTENANCE	\$	
MANAGEMENT FEE	\$	
PAYROLL & BENEFITS	\$	
ADVERTISING & MARKETING	\$	
PROFESSIONAL FEES	\$	
GENERAL/ADMINISTRATIVE	\$	
SERVICE CONTRACTS (pool, pest, landscape, trash, etc.)	\$	
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 FRONT & BACK OF 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 CHARGES: (garages, covered parking, storage units, etc.)

DESCRIPTION	# AVAILABLE	\$/MONTH	# OCCUPIED
GARAGE			
COVERED PARKING			
STORAGE UNITS			
OTHER:			

RENT-RESTRICTED / SUBSIDIZED INFORMATION:

IS THIS PROPERTY SUBSIDIZED? YES NO

IF SO, UNDER WHAT PROGRAM? (i.e. LIHTC, HUD SECTION 8, USDA, OR OTHER)

HOW MANY UNITS SUBSIDIZED?

CURRENT % AMGI LIMIT?

DOES THIS COMPLEX TARGET A SPECIFIC POPULATION?

FAMILY ELDERLY OTHER:

ADDITIONAL COMMENTS:**PREPARER INFORMATION:**

NAME & TITLE

EMAIL ADDRESS

TELEPHONE #

DATE