



Broward County Property Appraiser's Office
115 S. Andrews Avenue, Room 111
Fort Lauderdale, Florida 33301
954.357.6830 Fax: 954.357.8474
www.bcpa.net

Parcel #
2007 Value:
Use Code:

100% Owner Occupied: Yes No

Dear Apartment Building Owner:

Pursuant to Section 195.027, Florida Statutes, we are requesting the following information from owners of apartment buildings:

1. If the property is 100% owner occupied, please check the box above accordingly, complete page one, and sign the bottom of page two. You need not supply any income and expense information.

OR

2. If the property is NOT 100% owner occupied:
 - a. A detailed income and expense report for the calendar or fiscal year 2007.
 - b. A detailed rent roll as of January 1, 2008. The rent roll should include any additional charges paid by tenant.
 - c. A copy of your latest tax return in which the subject property is shown as an asset (i.e. I.R.S. forms 1040, 1120, 8825, 1065) and the Depreciation Schedule.

Under the provisions of Florida law, information you supply is STRICTLY CONFIDENTIAL in the hands of the Property Appraiser. It will not be released to anyone not legally entitled to it.

With this information, our office can accurately determine a fair and just market value. Based upon previously established case law, failure to submit the requested information will prevent you from using this information to seek a lower assessment with the Value Adjustment Board.

If you have any questions, please contact the office at 954-357-6835.

Thank you for your cooperation. All information must be received in our office by April 18, 2008.

Sincerely,

A handwritten signature in cursive script that reads "Lori Parrish".

Lori Parrish, CFA
Broward County Property Appraiser
lori@bcpa.net

CONFIDENTIAL - Only for the use of the Broward County Property Appraiser

INCOME FROM _____ 20_____ TO _____ 20_____

ANNUAL RENTAL INCOME \$ _____
 OTHER INCOME (Coin, Parking, Sales Tax, etc.) \$ _____
 TOTAL INCOME \$ _____

OPERATING EXPENSES: (Exclude capital items)

FIXED EXPENSES:

INSURANCE, FIRE, HAZARD, LIABILITY \$ _____
 LICENSE FEES, PERMITS \$ _____
 REAL ESTATE TAX \$ _____
TOTAL FIXED EXPENSES \$ _____

VARIABLE EXPENSES:

AIR CONDITIONER, HEAT \$ _____
 CLEANING \$ _____
 DECORATING \$ _____
 GENERAL PAYROLL \$ _____
 GROUNDS & PARKING \$ _____
 LEASING FEES \$ _____
 MAINTENANCE & REPAIR, GENERAL
 (Exterior Painting, Plumbing, Roof, etc.) \$ _____
 MAINTENANCE & REPAIR,
 CONTRACTUAL \$ _____
 ACCOUNTING \$ _____
 ADVERTISING \$ _____
 MANAGEMENT FEE \$ _____
 LEGAL \$ _____
 ADMINISTRATIVE AND OFFICE
 (Clerical, printing, postage, etc.) \$ _____
 MISCELLANEOUS – EXTERMINATING \$ _____
 MISCELLANEOUS – SECURITY \$ _____
 MISCELLANEOUS – SUPPLIES \$ _____
 MISCELLANEOUS – TRASH \$ _____
 PAYROLL TAXES \$ _____
 SALES TAXES \$ _____
 RESERVES FOR REPLACEMENTS \$ _____
 UTILITIES – ELECTRIC \$ _____
 UTILITIES – GAS \$ _____
 UTILITIES – SEWER, WATER \$ _____
TOTAL VARIABLE EXPENSES \$ _____

TOTAL ANNUAL OPERATING EXPENSES

(% OF TOTAL INCOME _____%) \$ _____
NET OPERATING INCOME \$ _____

I UNDERSTAND THE PROPERTY APPRAISER MAY REQUIRE SUPPLEMENTAL INFORMATION, OTHER THAN THIS SURVEY, AND I AM WILLING TO COMPLY WITH ANY REASONABLE REQUEST TO FURNISH THE SAME.

I, THE UNDERSIGNED, DO HEREBY CERTIFY THE FACTS AND STATEMENTS IN THE FOREGOING SURVEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 PRINT NAME SIGNATURE / POSITION

 DATE EMAIL ADDRESS PHONE

ECONOMIC RENT SURVEY

Your computerized rent roll may be substituted in place of this form. Please include vacant apartments.

BUILDING NAME _____ PARCEL IDENTIFICATION # _____
 ADDRESS _____ CITY _____

BUILDING DATA

	YES	NO	MO. RENTAL CHARGES \$
Elevators (#_____)	_____	_____	_____
Swimming Pool	_____	_____	_____
Restaurant	_____	_____	_____
Snack Bar	_____	_____	_____
Liquor Bar	_____	_____	_____
Laundry Equipment	_____	_____	_____
Mo. Parking Charge	_____	_____	_____
Club House	_____	_____	_____
Tennis Courts	_____	_____	_____
Sauna	_____	_____	_____
Store Space Rent	_____	_____	_____
No. of Stories	_____	_____	_____
No. of Buildings	_____	_____	_____
No. of Parking Spaces	_____	_____	_____

LENGTH OF LEASE Seasonal _____ Weekly _____ Monthly _____
 Yearly (1) _____ (2) or more _____

RENTAL

Type of Apartments

	Number			Monthly Rental \$	
	Unfurnished	Furnished	Vacant	From	To
Studio/Efficiency	_____	_____	_____	_____	_____
One Bedroom	_____	_____	_____	_____	_____
Two Bedroom	_____	_____	_____	_____	_____
Three Bedroom	_____	_____	_____	_____	_____
Four Bedroom	_____	_____	_____	_____	_____
Townhouses	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
TOTAL NO. APARTMENTS	_____	_____	_____	_____	_____
(% of Vacant Apartments)	_____	_____	_____	_____	_____

Signature / Print Name _____

Position _____

Date _____ Email Address _____

Phone () _____