



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](http://www.bcpa.net)

Parcel #  
2008 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 2008.
  - b. A detailed rent roll as of January 1, 2009. 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 17, 2009.

Sincerely,

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

Lori Parrish, CFA  
Broward County Property Appraiser  
[lori@bcpa.net](mailto: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	Number	Number	Monthly Rental \$	
	Unfurnished	Furnished	Vacant	From	To
Studio/Efficiency	_____	_____	_____	_____	_____
One Bedroom	_____	_____	_____	_____	_____
Two Bedroom	_____	_____	_____	_____	_____
Three Bedroom	_____	_____	_____	_____	_____
Four Bedroom	_____	_____	_____	_____	_____
Townhouses	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
<b>TOTAL NO. APARTMENTS</b>	_____	_____	_____	_____	_____
(% of Vacant Apartments)	_____	_____	_____	_____	_____

Signature / Print Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_ Email Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_