



Broward County Property Appraiser's Office  
COMMERCIAL PROPERTY  
115 South Andrews Avenue, Room 111  
Fort Lauderdale, FL 33301

Tel: 954-357-6835  
Fax: 954-357-8474  
Web: www.bcpa.net

Dear Apartment Building Owner:                      100% Owner Occupied: YES  NO

Pursuant to Section 195.027, Florida Statutes, and in light of the COVID-19 pandemic, we are reaching out to property owners to request detailed financial information in an effort to ensure properties are being assessed as fairly and equitably as possible.

We are requesting the following information from owners of commercial and income producing properties:

1. If the property is 100% owner occupied, please check the box above, complete page one, and sign the bottom of page two. You need not supply income and expense information.
2. If the property is NOT 100% owner occupied:
  - a. A detailed income and expense report for the calendar or fiscal year 2020.
  - b. A detailed rent roll as of January 1, 2021. 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. IRS Forms 1040, 1120, 8825, 1065) and the Depreciation Schedule.

Pursuant to Florida law, financial records you supply are confidential and not subject to public records disclosure. These records will not be released to anyone not legally entitled to them.

This information will assist our office with accurately determining a fair and just market value for your property.

Thank you for your cooperation. If you have any questions, please contact our Commercial Department at 954-357-6835. You may return this information via email to IncExp@bcpa.net. All information must be received in our office by May 1, 2021.

Sincerely,

A handwritten signature in black ink that reads "Marty Kiar". The signature is written in a cursive, flowing style.

Marty Kiar, CFA  
Broward County Property Appraiser

**APARTMENT PROPERTY DATA**

Owner(s) Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parcel ID: \_\_\_\_\_

Property Address: \_\_\_\_\_

Does this property receive low-income housing tax credits administered by the Florida Housing Finance Corporation pursuant to Florida Statutes Chapter 420? YES \_\_\_\_\_ NO \_\_\_\_\_

**BUILDING AND LAND INFORMATION:**

Building Use: \_\_\_\_\_ Land Size Area (sq.ft.): \_\_\_\_\_

Number of Rental Units: \_\_\_\_\_ Total Leasable Building (sq.ft.): \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_ Year Built: \_\_\_\_\_

Year Remodeled: \_\_\_\_\_ Other: \_\_\_\_\_

Real Estate Taxes Paid by: OWNER or TENANT

Amount of 2020 Real Estate Taxes: \$ \_\_\_\_\_ Percentage of Total: \_\_\_\_\_ %

**REAL ESTATE SALES INFORMATION:**

Sale Price: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the purchase: LAND ONLY \_\_\_\_\_ LAND & BUILDING \_\_\_\_\_

Improvements After Purchase	Cost	Date
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

*NOTE: A COPY OF YOUR LAST INCOME TAX RETURN FORM RELATING TO THIS PROPERTY OR A CERTIFIED COPY OF THE LAST ANNUAL OPERATING STATEMENT, INCLUDING ALL INCOME AND EXPENSES, WILL BE SUFFICIENT AND PAGE 2 NEED NOT BE COMPLETED.*

INCOME FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

ANNUAL RENTAL INCOME: \$ \_\_\_\_\_  
 OTHER INCOME (Parking, Sales Tax, etc.): \$ \_\_\_\_\_  
 TOTAL INCOME: \$ \_\_\_\_\_

**OPERATING EXPENSES** (Exclude capital items)

FIXED EXPENSES

INSURANCE, FIRE, HAZARD, LIABILITY: \$ \_\_\_\_\_  
 LICENSE FEES, PERMITS: \$ \_\_\_\_\_  
 REAL ESTATE TAXES: \$ \_\_\_\_\_  
**TOTAL FIXED EXPENSES** \$ \_\_\_\_\_

VARIABLE EXPENSES

AIR CONDITIONER/HEAT: \$ \_\_\_\_\_  
 CLEANING: \$ \_\_\_\_\_  
 DECORATING: \$ \_\_\_\_\_  
 GENERAL PAYROLL: \$ \_\_\_\_\_  
 GROUNDS & PARKING: \$ \_\_\_\_\_  
 LEASING FEES: \$ \_\_\_\_\_  
 MAINTENANCE & REPAIR - GENERAL  
 (Exterior painting, plumbing, etc.) \$ \_\_\_\_\_  
 CONTRACTUAL FEES: \$ \_\_\_\_\_  
 ACCOUNTING FEES: \$ \_\_\_\_\_  
 ADVERTISING FEES: \$ \_\_\_\_\_  
 MANAGEMENT FEES: \$ \_\_\_\_\_  
 LEGAL FEES: \$ \_\_\_\_\_  
 ADMINISTRATIVE & OFFICE FEES:  
 (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:** \$ \_\_\_\_\_  
 PERCENTAGE 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 STATEMENT IN THE FOREGOING SURVEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 PRINT NAME / TITLE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 PHONE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE

**ECONOMIC RENT SURVEY**

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

Building Name: \_\_\_\_\_

Parcel ID #: <Parcel ID>

Property Address: <Situs>

**BUILDING DATA**

	YES	NO	MONTHLY RENTAL CHARGE
Swimming Pool			\$
Restaurant			\$
Snack Bar			\$
Liquor Bar			\$
Laundry Equipment			\$
Parking Charge			\$
Club House			\$
Tennis Courts			\$
Sauna			\$
Store Space Rent			\$

Number of Elevators	
Number of Stories	
Number of Buildings	
Number of Parking Spaces	

LENGTH OF LEASE: Seasonal \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Yearly (1) \_\_\_\_ (2+ years) \_\_\_\_

**RENTALS**

APARTMENT TYPE	NUMBER UNFURNISHED	NUMBER FURNISHED	NUMBER VACANT	MONTHLY RENTAL	
				FROM	TO
Studio/Efficiency				\$	\$
One Bedroom				\$	\$
Two Bedroom				\$	\$
Three Bedroom				\$	\$
Four Bedroom				\$	\$
Townhouses				\$	\$
Other _____				\$	\$
TOTAL # APARTMENTS					
% of Vacant Apartments					

\_\_\_\_\_  
PRINT NAME / TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE