

Parcel ID:

01/02/2019 V1
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Sale and Income Verification - Hotel, Motel, or Resort

Owner:

Site:

Income and Expense Information

Room / Unit Type (Standard, Deluxe, King, Suite, View, etc.)	Number of Rooms (each type)	Typical Room Rates		Approximate Occupancy Rates	
		Daily In-Season	Daily Off-Season	Typical In-Season	Typical Off-Season
Estimated Average Daily Rate				Estimate of Potential Income based on Occupancy at 100% for the entire year:	

A current Financial Statement can be attached in lieu of completing the following worksheet

Income Worksheet

Department Expenses

Revenue Source	Annual Amount
Room Sales	
Food & Beverage Sales	
Parking Fees	
Conference Room(s)	
Banquets & Conventions	
Health Spa	
Telephone	
Commissions	
Gift Shop / Retail Sales	
Lease / Equipment Income	
Other (specify)	
Total Annual Income	

Revenue Source	Annual Amount
Room Costs	
Food & Beverage Costs	
Parking Costs	
Conference Room(s) Costs	
Banquet & Convention Costs	
Health Spa Costs	
Telephone Costs	
Commissions Costs	
Gift Shop / Retail Sales Costs	
Lease / Equip Income Costs	
Other (specify)	
Total Expense (COGS)	

Expense Worksheet

Expense Item	Annual Amount
Bed Tax	
Property Insurance	
Insurance (other)	
Management Fees	
Payroll & Payroll Taxes	
Accounting & Legal	
Administrative	
Franchise Fees	
Advertising / Promotions	
Sub Total #1	

Expense Item	Annual Amount
Groundskeeping	
Utilities	
Contract Services	
Office Supplies	
Garbage Collection	
Pest Control	
Repairs / Maintenance	
Vehicle / Travel	
Reserves for Replacements	
Sub Total #2	

Total Annual Expenses (Sub Total #1 and Sub Total #2)	
Total Combined Annual Expenses (COGS, Sub Total #1 and Sub Total #2)	
Income/Expense Ratio (Please verify that this is accurate)	

Confidential pursuant to F.S.195.027(3)

EDDIE CREAMER, Property Appraiser

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Sale and Income Verification - Hotel, Motel, or Resort

Description of Property Amenities

1. Property Address: _____
 2. Name of Hotel, Motel or Resort: _____

3. Site Amenities (check all that apply):

- | | | | |
|--------------------|---------------------|---------------------|--------------------|
| Security | Vending | Elevator(s) | Golf Course |
| Tennis Court(s) | Fitness Center | Health Spa | Restaurant(s) |
| Valet Parking | Retail Shopping | Convention Center | Swimming Pool(s) |
| Banquet Facilities | Boat Dockage | Gift / Sundry Shop | Conference Room(s) |
| Cocktail Lounge(s) | Waterfront Location | Basketball Court(s) | Laundry Facilities |

Other (specify): _____

4. Please list any of the following that apply:

Total Number of Rooms: _____	Area of Retail Space: _____
Total Number of Buildings: _____	Area of Banquet Facilities: _____
Total Seating Capacity of Restaurant(s): _____	Area of Convention Room(s): _____
Seating Capacity of Lounge(s): _____	

Purchase or Exchange Data Verification

*(This section is ONLY applicable if property was purchased within the past **THREE** years.)*

1. Please verify the date of purchase and price. Date: _____ Purchase Price: _____

2. Was the deed recorded within 12 months of original contract? **YES** **NO** If NO, contract date. _____

3. Was the sale financed? **YES** **NO** If YES, please list financing information.

First amount financed: _____ Interest rate: _____ Loan term (years): _____ Balloon? (years) _____

Additional financing: _____ Interest rate: _____ Loan term (years): _____ Balloon? (years) _____

4. Were there any significant items of personal property included in the stated purchase price (Such as furniture, machinery, equipment, free-standing appliances, or other tangible items)? **YES** **NO** If YES, please list and amounts. _____

5. Please list any unusual circumstances or conditions that were present during the transaction. N/A

- | | | | |
|----------------------------|-----------------------------|-------------------|----------------|
| Parties related by family | Parties related by business | Partial ownership | Distress sale |
| Forced sale by court order | Foreclosure pending | Title defects | Mineral rights |

6. Since the date of purchase, have you substantially altered the property in any way (such as additional buildings, pools or tennis courts, major renovations or demolition)? **YES** **NO** If YES, please list items and approximate cost. _____

Printed Name: _____ Signature: _____ Date: _____ Phone Number: _____

Buyer Seller Attorney Accountant Manager Closing Agent Broker