

Parcel ID:

10/22/2019 V2
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Sale and Income Verification - Golf Course or Country Club

Owner:

Site:

Income and Expense Information

Income Worksheet

(A current Rent Roll can be attached in lieu of completing the following worksheet)

Revenue Source	Annual Amount	Revenue Source	Annual Amount
Greens Fees		Special Events Income	
Golf Membership Fees		Tennis Court Rental Income	
Social or Other Memberships		Tennis Pro Shop Income	
Club House Minimums		Gym / Spa Income (or lease)	
Pro Shop Sales (or lease income)		Other Retail Income (or lease)	
Golf Instruction Clinics		Income from Vending	
Food Sales (or restaurant lease)		Income from Parking	
Beverage Sales (or bar lease)		Telephone Income	
Banquet / Conference Income		Other (specify)	
Sub Total #1		Sub Total #2	

Total Annual Incomes (Sub Total #1 and Sub Total #2)	
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Expense Worksheet

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

Expense Item	Annual Amount	Expense Item	Annual Amount
Property Insurance		Groundskeeping	
Management Fees		Fertilizer / Chemicals	
Payroll & Payroll Taxes		Irrigation Expense	
Accounting & Legal		Equipment Maintenance	
Advertising / Promotions		Food Costs	
Administrative		Beverage Costs	
Office Supplies		Banquet / Conference Costs	
Utilities / Garbage Collection		Pro Shop Costs-of-Goods Sold	
Security		Tennis Pro Shop C-O-G-S	
Building Maintenance		Other Retail C-O-G-S	
Pest Control		Gym / Spa Expenses	
Reserves for Replacement		Other (specify)	
Sub Total #1		Sub Total #2	

Total Annual Expenses (Sub Total #1 and Sub Total #2)	
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Income/Expense Ratio (Please verify that this is accurate)	
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Confidential pursuant to F.S.195.027(3)

EDDIE CREAMER, Property Appraiser

Parcel ID: _____

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Sale and Income Verification - Golf Course or Country Club

Description of Course and Property Amenities

1. Property Address: _____
 2. Name of Club or Facility: _____
 3. Course or Club Category: Private Semi-private Public Resort Other (specify): _____
 4. Course Type: Championship Standard Executive Pitch and Putt Driving Range only
 5. Total Number of Holes: ____ Built to USGA Specification? **YES** **NO** Total Annual Rounds: _____

Course Name (if applicable)	Designer (if applicable)	Course Par	Total Yardage	Rating	Slope
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Site Amenities (check all that apply):

- | | | | |
|---------------|----------------|----------------------|------------------------|
| Club House | Locker Room(s) | Gym / Spa Facilities | Pro Shop |
| Formal Dining | Lounge / Bar | Tennis Court(s) | Racquetball / Handball |
| Casual Dining | Swimming | | |
- Other (specify): _____

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

EDDIE CREAMER, Property Appraiser