



Parcel ID:

**Sale and Income Verification - Single or Multi-Tenant**

Owner:

Site:

**Income and Expense Information**

1. Are tenants required to sign annual leases? **YES NO** If YES, what is the typical lease term? \_\_\_\_\_
2. Are tenants under a percent-of-sales clause in addition to their base rent? **YES NO**
3. Are tenants required to pay a CAM fee? **YES NO** If YES, what is the estimated rate (per SF)? \_\_\_\_\_
4. Are tenants required to pay an apportioned amount of real estate taxes? **YES NO**
5. What is the total income the property would generate if 100% occupied for the entire year? \_\_\_\_\_

**Income Worksheet**

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

Unit Types or Tenant		Current Potential for Gross Income				
(List vacant units as vacant and leave income blank)	Sq.Footage Leased	Annual Sq Ft Base Rent	Months Leased	Total CAM	Prorated RE Taxes	Total Annual Income
Other Income (specify):						
Telephone, Vending, Parking, etc. (specify):						
<b>Current Gross Annual Income Total</b> (from worksheet):						

**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		Supplies	
Liability Insurance		Utilities	
Accounting & Legal		Garbage Collection	
Advertising / Promotions		Pest Control	
Other Administrative		Repairs / Maintenance	
Rent Concessions (*explain below)		Other Miscellaneous	
Other (specify)		Reserves for Replacement	
<b>Sub Total #1</b>		<b>Sub Total #2</b>	
<b>Total Annual Expenses</b> (Sub Total #1 and Sub Total #2)			
<b>Income/Expense Ratio</b> (Please verify that this is accurate)			

\*Concessions Explained: \_\_\_\_\_

*Confidential pursuant to F.S.195.027(3)*

**EDDIE CREAMER, Property Appraiser**



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**Description of Complex and Amenities**

1. Property Address: \_\_\_\_\_
2. Name of Complex (if any): \_\_\_\_\_
3. Total Number of Buildings: \_\_\_\_\_ Total Number of Rental Units: \_\_\_\_\_ Total Leasable Area: \_\_\_\_\_
4. Is any portion of the property owner occupied? **YES NO** If YES, how much? \_\_\_\_\_

5. Please indicate any of the following site amenities or services that apply:

Security      Fire Sprinklers      Elevator(s)      Custodial Service      Refrigeration/Climate Control

6. Please indicate the type of complex (by category):

<u>Retail Shopping</u>	<u>Office Centers</u>	<u>Other Commercial</u>	<u>Service / Manufacturing / Storage</u>
Retail Store	General Offices	Restaurant / Lounge	Light Industrial
Department Store	Financial Services	Fast Food	Heavy Industrial
Shopping Center	Professional Services	Nightclub / Bar	Warehousing
Shopping Mall	Medical Offices	Theater / Auditorium	Mini-Warehousing
Supermarket	Auto Sales Offices	Wholesale Outlet	Auto Service
Gas / Convenience	Insurance Offices	Apartments	Other Service

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