



ST. JOHNS COUNTY
PROPERTY APPRAISER
 Eddie Creamer, CFA

Tax Year:

Parcel ID:

03/08/2021 V1

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	
				Typical Annualized	
				Estimate of Potential Income based on Occupancy at 100% for the entire year:	
Estimated Average Daily Rate					

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)	
Expense Ratio (Please verify that this is accurate)	

Confidential pursuant to F.S.195.027(3)

EDDIE CREAMER, CFA, 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):

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

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