



## ST. JOHNS COUNTY

- **Eddie Creamer, CFA**

**Parcel ID:**

## Sale and Income Verification - Mobile Home Park, RV Park or Campground Property

**Site:**

### Income and Expense Information

1. Are tenants required to sign annual leases? ☐ YES ☐ NO If YES, what is the typical lease term? \_\_\_\_\_

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

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Site or Unit Types and Sizes			Current Potential for Gross Income		
Type of Site (MH, RV, Camp, etc.)	Approximate Site Size	Total Number of Sites (each type)	Typical Rent / Site	Rental Basis (Daily, Weekly, Monthly)	Annual Income Potential (Rent x Units x 365, 52, or 12)
Type of Rental Unit (MH, RV, Other)	Approximate Unit Size	Total Number of Units	Typical Rent / Site	Rental Basis (Daily, Weekly, Monthly)	Annual Income Potential (Rent x Units x 365, 52, or 12)
Other Income (specify):					
Telephone, Vending, Parking, etc. (specify):					
<b>Current Gross Annual Income Total</b> (from worksheet):					
<b>Actual Gross Annual Income Total</b> (for most recent fiscal year):					

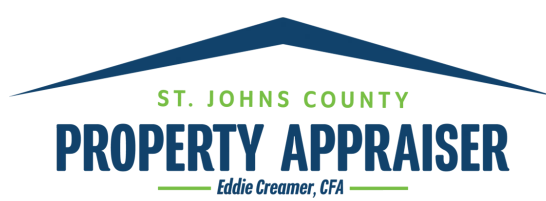
(A current Financial Statement can be attached in lieu of completing the following worksheet)

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Expense Item	Annual Amount	Expense Item	Annual Amount
Real Estate Taxes		Groundskeeping	
Property Insurance		Supplies	
Liability Insurance		Utilities	
Management Fees		Garbage Collection	
Payroll and Payroll Taxes		Pest Control	
Account and Legal		Repairs / Maintenance	
Advertising / Promotions		Other Miscellaneous	
Resident Manager		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>Expense Ratio</b> (Please verify that this is accurate)			

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

EDDIE CREAMER, CFA, Property Appraiser

**Sale and Income Verification - Mobile Home Park, RV Park or Campground Property****Description of Park and Amenities**

1. Property Address: \_\_\_\_\_
2. Park Type (check all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Mobile Home / Manufacture House Park | <input type="checkbox"/> Travel Trailer / Recreational Vehicle Park |
| <input type="checkbox"/> Campgrounds                          | <input type="checkbox"/> Combination (two or more of the above)     |
| <input type="checkbox"/> Other (specify): _____               |   |
3. Please list the total number of sites, by type, on the property:
- \_\_\_\_\_ Mobile Home Sites      \_\_\_\_\_ Recreation Vehicle Sites      \_\_\_\_\_ Camp Sites
4. Site Amenities (check all that apply):
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Security               | <input type="checkbox"/> Shower Stalls    | <input type="checkbox"/> Car / Boat / RV Wash Area | <input type="checkbox"/> Boat Ramp            |
| <input type="checkbox"/> Playground             | <input type="checkbox"/> Bath House       | <input type="checkbox"/> Concrete Trailer Pads     | <input type="checkbox"/> Pets Permitted       |
| <input type="checkbox"/> Tennis Court           | <input type="checkbox"/> Retail / Grocery | <input type="checkbox"/> Fenced Boat / Car Storage | <input type="checkbox"/> Beach Frontage       |
| <input type="checkbox"/> Swimming Pool(s)       | <input type="checkbox"/> On-site Laundry  | <input type="checkbox"/> On-site Water Plant       | <input type="checkbox"/> Lake Frontage        |
| <input type="checkbox"/> Club House             | <input type="checkbox"/> Paved Streets    | <input type="checkbox"/> On-site Sewage Treatment  | <input type="checkbox"/> Golf Course Frontage |
| <input type="checkbox"/> Fitness Center         | <input type="checkbox"/> Boat Dockage     | <input type="checkbox"/> Child / Age Restrictions  |   |
| <input type="checkbox"/> 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
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Parties related by family  | <input type="checkbox"/> Parties related by business | <input type="checkbox"/> Partial ownership | <input type="checkbox"/> Distress sale  |
| <input type="checkbox"/> Forced sale by court order | <input type="checkbox"/> Foreclosure pending         | <input type="checkbox"/> Title defects     | <input type="checkbox"/> 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, CFA, Property Appraiser**4030 Lewis Speedway, Suite 203 • Saint Augustine, Florida 32084 • Phone (904) 827-5500 • Fax (904) 827-5580 • [www.sjcpa.gov](http://www.sjcpa.gov)