

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):						
Current Gross Annual Income Total (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	
Sub Total #1 Sub Total #2			
Total Annual Expenses (Sub	Total #1 and Sub Tota	l #2)	
Expense Ratio (Please verify			

*Concessions Explained: _____

Confidential pursuant to F.S.195.027(3)

EDDIE CREAMER, Property Appraiser -

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Description	of Com	plex and	Amenities

2. Name of Complex (if an 3. Total Number of Buildin	y): gs: Total Number of Re perty owner occupied? □YES	ntal Units: Total Leasa	ble Area:
	he following site amenities or s		
Security	Sprinklers Elevator(s)	Custodial Service	efrigeration/Climate Control
6. <u>Please indicate the type</u> <u>Retail Shopping</u>	e of complex (by category): Office Centers	Other Commercial	<u>Service /</u> Manufacturing / Storage
 Retail Store Department Store Shopping Center Shopping Mall Supermarket Gas / Convenience 	General Offices Financial Services Professional Services Medical Offices Auto Sales Offices Insurance Offices	Restaurant / Lounge Fast Food Nightclub / Bar Theater / Auditorium Wholesale Outlet Apartments	Light Industrial Heavy Industrial Warehousing Mini-Warehousing Auto Service Other Service
Other (specify):			
		nge Data Verification	
(This section i	s ONLY applicable if property v	was purchased within the pas	t THREE years.)
 3. Was the sale financed? First amount financed: Additional financing: 4. Were there any signification 	within 12 months of original co YES NO If YES, please Interest rate: Interest rate: Interest rate: Interest rate: Interest of personal property in e-standing appliances, or other	e list financing information. Loan term (years): Loan term (years): ncluded in the sta <u>ted</u> purchas	Balloon? (years) Balloon? (years) e price (Such as furniture,
5. Please list any unusual Parties related by fami	circumstances or conditions the	business Partial owne	ership 🛛 🗌 Distress sale
buildings, pools or tennis c	ase, have you substantially alte courts, major renovations or de	molition)? YES NO If	
Printed Name:	Signature:	Date: P	hone Number:
Buyer Seller	Attorney Accounta	nt 🗌 Manager 🗌 Clo	sing Agent Broker
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