

Broward County Property Appraiser's Office 115 S. Andrews Avenue, Room 111 Fort Lauderdale, Florida 33301 954.357.6830 Fax: 954.357.8474 www.bcpa.net

Parcel # 2016 Value: Use Code:

100% Owner Occupied: Yes □ No □

Dear Apartment Building Owner:

Pursuant to Section 195.027, Florida Statutes, we are requesting the following information from owners of apartment buildings:

1. If the property is 100% owner occupied, please check the box above accordingly, complete page one, and sign the bottom of page two. You need not supply any income and expense information.

OR

- 2. If the property is NOT 100% owner occupied:
- a. A detailed income and expense report for the calendar or fiscal year 2016.
- b. A detailed rent roll as of January 1, 2017. The rent roll should include any additional charges paid by tenant.
- c. A copy of your latest tax return in which the subject property is shown as an asset (i.e. I.R.S. forms 1040, 1120, 8825, 1065) and the Depreciation Schedule.

Under the provisions of Florida law, information you supply is STRICTLY CONFIDENTIAL in the hands of the Property Appraiser. It will not be released to anyone not legally entitled to it.

With this information, our office can accurately determine a fair and just market value. Based upon previously established case law, failure to submit the requested information will prevent you from using this information to seek a lower assessment with the Value Adjustment Board.

If you have any questions, please contact the office at 954-357-6835.

Thank you for your cooperation. All information must be received in our office by April 15, 2017.

Sincerely.

Marty Kiar

Broward County Property Appraiser

MartyKiar@bcpa.net

APARTMENT PROPERTY DATA

Owner(s) Name								
<u>-</u>	LAST	FIRST						
Mailing Address								
_	NUMBER	STREET	CITY	STATE	ZIP + 4			
Firm's Name								
Property Address								
_	NUMBER	STREET	CITY	STATE	ZIP +4			
BUILDING AND LAN Building Use	ID INFORMATION:	Size Land	d Area (Sq. Ft.)					
Number of Rental Units	-	Total Lea	sable Building (So	q. Ft.)				
	Year Remodeled							
Real Estate Taxes Paid bt Total%	oy □ Owner □ Tenant	Amount \$		Percentage	e of			
REAL ESTATE SALE	S INFORMATION:							
Sales Price \$	Date//	Improvements	s after Purchase	Cost	Date			
Land Only □ Land a	and Building 🗆				//			

NOTE: A COPY OF YOUR LAST INCOME TAX RETURN FORM RELATING TO THIS PROPERTY OR A CERTIFIED COPY OF THE LAST ANNUAL OPERATING STATEMENT INCLUDING ALL INCOME AND EXPENSES, WILL BE SUFFICIENT AND PAGE 2 NEED NOT BE COMPLETED.

INCOME FROM	20	TO	20_	
ANNUAL RENTAL IN				_
OTHER INCOME (Coir		x_etc.) \$		
TOTAL INCOME	i, i aikiiig, baics i a	Α, ειε.) ψ		\$
OPERATING EXPEN	SES: (Evolude ca	nital items)		Ψ
FIXED EXPENSES:	SES. (Exclude co	pitai itellis)		
INSURANCE, FIRE, H	AZARD I IARII	LITY \$		
LICENSE FEES, PERM				
REAL ESTATE TAX	1113			
REAL ESTATE TAX TOTAL FIXED EXPE	NCEC	\$ <u></u>		•
VARIABLE EXPENSES.		Φ		
AIR CONDITIONER, F		\$		
	IEAI	Φ		•
CLEANING				
DECORATING		Φ.		
GENERAL PAYROLL	IC			
GROUNDS & PARKIN	U	\$		
LEASING FEES	DAID OFFICE	\$		
MAINTENANCE & RE	,	L		
(Exterior Painting, Plum				
MAINTENANCE & RE	EPAIK,			
CONTRACTUAL				
ACCOUNTING				
ADVERTISING				
MANAGEMENT FEE		\$		
LEGAL				
ADMINISTRATIVE A		•		
(Clerical, printing, posta				
MISCELLANEOUS – I				
MISCELLANEOUS –S		\$		
MISCELLANEOUS – S		\$		
MISCELLANEOUS –T	RASH	\$		
PAYROLL TAXES		\$		
SALES TAXES		\$		
RESERVES FOR REPI	LACEMENTS	\$		
UTILIITES – ELECTR	I C	\$		
UTILITIES – GAS		\$		
UTILITIES – SEWER,	WATER	\$		
TOTAL VARIABLE I	EXPENSES	\$		
TOTAL ANNUAL OP				
(% OF TOTAL INCOM		\$		
NET OPERATING IN	COME			\$
				MENTAL INFORMATION,
		AM WILLING 1	O COMPLY WITH	ANY REASONABLE REQUEST
TO FURNISH THE SA	ME.			
I THE IMPEDAIONE	DO HEDEDA	CEDTIEV THE	EACTS AND STAT	EMENTS IN THE ECDECORIC
				EMENTS IN THE FOREGOING
SURVEY ARE TRUE A	AND CORRECT	TO THE BEST (JE MY KNOWLED	GE AND BELIEF.
PRINT NAME			SIGNATURE / I	POSITION
CIVILLI IAVAIATE			SIGNATURE / I	OSITION
DATE	EMAIL A	DDRESS	PHONE	
J. 1 1 L	LIVIAIL A		THOME	

ECONOMIC RENT SURVEY

Your computerized rent roll may be substituted in place of this form. Please include vacant apartments.

BUILDING NAME								
ADDRESS	BU							
v	YES NO		MO. RENTAL	CHARGES \$				
Elevators (#)	.ES NO		MO. RENTAL	CHARGES				
Swimming Pool		 -						
Restaurant								
Snack Bar								
Liquor Bar								
Laundry Equipment								
Mo. Parking Charge								
		<u> </u>						
Tennis Courts								
Sauna								
Store Space Rent No. of Stories		<u> </u>						
No. of Stories No. of Buildings								
No. of Parking Spaces								
No. of Farking Spaces								
LENGTH OF LEASE Seasonal								
	(2) or							
RENTAL	(/							
Type of Apartments								
Type of ripartitions								
	Number	Number	Number	Month	ly Rental \$			
	Unfurnished	Furnished	Vacant	From	То			
Studio/Efficiency			_					
One Bedroom								
Two Bedroom								
Three Bedroom								
Four Bedroom								
Townhouses				-				
Other TOTAL NO. APARTMENTS		-	-					
(% of Vacant Apartments)								
(70 of vacant reputations)								
G. A.								
Signature / Print Name								
Position								
DateEmai	il Address							
Phone ()								