



# 2025 Multi-Family Income & Expense Request

VAL\_08  
R: 02/06/2025  
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**Calendar year 2024: Beginning 01/01/2024 and Ending  
12/31/2024 Filing Deadline May 1, 2025**

The Brevard County Property Appraiser is requesting data, as indicated on the other side of this form, to aid in the valuation of this and similar properties. Data submitted as a part of this request is confidential per Section 195.027, F.S.

Failure to submit data in accordance with this request may impede the ability to conduct an effective appeal at the Value Adjustment Board. Section 194.034(1)(h), Florida Statutes states that “no petitioner may present for consideration, nor may a board or special magistrate accept for consideration, testimony, or other evidentiary materials that were requested of the petitioner in writing by the property appraiser of which the petitioner had knowledge and denied to the property appraiser.” Failure to provide this information will be considered a denial of this request.

**Please list capital improvements with their costs and any additional comments by attaching a separate sheet.**

**Do not include depreciation or mortgage interest in expenses.**

In addition to filling out this form, please attach any additional documentation that would help in our continuing pursuit to assess your property accurately and equitably (recent appraisals, end-of-year statements, etc.).

Email: [valuations@bcpao.us](mailto:valuations@bcpao.us)

**Name of complex (if any)** \_\_\_\_\_

Is the Property 100% Owner Occupied?	Yes	No
If Partial Owner Occupancy, What %?	%	

If Yes, stop here, sign, and return.

**What type of unit is on this property?**

Duplex

Triplex

Quadraplex

Other (please explain) \_\_\_\_\_

## Rental Rates

Please list each unit individually, including owner occupied unit (please indicate owner occupied with 00 in the "# Units" and \$0 in the "Monthly Rent Per Unit").

Bedrooms	Bathrooms	# Units	Monthly Rental Per Unit (\$)

Are any utilities of rented units paid by owner? Yes No

If yes, please estimate monthly expense per unit for :

Water/Sewer \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_