



**2021 Apartment Income & Expense Request**  
**Calendar year 2020**  
**Beginning 01/01/2020 and Ending 12/31/2020**  
**Filing Deadline May 1, 2021**

The Brevard County Property Appraiser's Office 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 Florida Statute 195.027.

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.

COVID 19 - In order to consider and adjust for the effects of the COVID 19 pandemic, the property owner or representative must submit 3 years of Profit & Loss Statements, Rent Rolls, and/or Quick-Books Statements (as appropriate). This is the only way the appraisal staff will be able to judge the impacts on your individual property.

**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.**

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

Name of Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Utilities included in rent		Amenities	
Water	<input type="checkbox"/>	Do you receive tax credits for low-income affordable housing, such as LIHTC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sewer	<input type="checkbox"/>		
Trash	<input type="checkbox"/>	If you do receive tax credits for low-income affordable housing, please enter the number or the percentage of units that have reduced rental rates.	_____ # / _____ %
Pest Control	<input type="checkbox"/>		
Cable	<input type="checkbox"/>		

Income (\$)				
Configuration	# of Units		Average Size (sf)	Monthly Rental Rate (\$)
	# Vacant	# Occupied		
Studio/Efficiency				
1 Bed / 1 Bath				
2 Bed / 1 Bath				
2 Bed / 2 Bath				
3 Bed / 2 Bath				
Garage Rental				
Carport Rental				
Other (please explain)				

Annual Income (\$)	
1. Total Annual Potential Gross Income	1.
2. Less Vacancy	2.
3. Less Concessions	3.
4. Less Collection Loss	4.
5. Equals EGI	5.
6. Plus Other Income	6.
7. Equals Adjusted Gross Income	7.

Annual Expenses (\$)	
8. Management Fees	8.
9. Administrative (including advertising, legal, accounting, etc.)	9.
10. Payroll	10.
11. Electric	11.
12. Water/Sewer	12.
13. Cable	13.
14. Gas (Propane or Natural Gas)	14.
15. Grounds Maintenance (including trash, landscaping, parking lot, etc.)	15.
16. Building Maintenance and Repairs	16.
17. Reserves for Replacement	17.
18. Insurance (not liability, structure only)	18.
19. Real Estate Taxes	19.
20. Other Taxes/Fees (please explain)	20.
21. Capital Expenses (please explain)	21.
22. Other Expenses (please explain)	22.
23. Total Annual Expenses (\$)	23.