



POLK COUNTY
Property Appraiser
Neil Combee

ADA Compliant
R. 07/2025

INCOME/EXPENSE ANALYSIS: MULTI FAMILY

(For Previous Calendar Year 1/1 through 12/31)

REAL ESTATE DIVISION

BUSINESS / COMPLEX NAME:

PROPERTY LOCATION:

PARCEL ID:

INCOME:

RENTAL INCOME		\$	_____
VACANCY	%	# UNITS	_____
RENT CONCESSIONS	\$		
COLLECTION LOSS	\$		
MISCELLANEOUS INCOME	\$		
TOTAL INCOME		\$	_____

EXPENSES:

PROPERTY INSURANCE	\$
UTILITIES	\$
REPAIRS/MAINTENANCE	\$
MANAGEMENT FEE	\$
PAYROLL & BENEFITS	\$
ADVERTISING & MARKETING	\$
PROFESSIONAL FEES	\$
GENERAL/ADMINISTRATIVE	\$

TOTAL OPERATING EXPENSES: \$ _____

NET OPERATING INCOME \$ _____

OTHER EXPENSES:

REAL ESTATE TAXES	\$
RESERVES FOR REPLACEMENT	\$
CAPITAL EXPENDITURES	\$

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

PLEASE FILL OUT ALL PAGES OF THE FORM

NOTE: IN LIEU OF THE FORM, A YEAR END PROFIT & LOSS STATEMENT AND RENT ROLL AS OF JANUARY 1ST CAN BE PROVIDED

RENTAL UNIT INFORMATION:

UNIT TYPE	UNIT SIZE (SqFt)	# OF UNITS	\$/MONTH	# OCCUPIED
EFFICIENCY				
STUDIO				
1 BR 1 BATH				
2 BR 1 BATH				
2 BR 1 1/2 BATH				
2 BR 2 BATH				
3 BR 2 BATH				
TOWNHOUSE 2 BR				
TOWNHOUSE 3 BR				
MANUFACTURED HOME				
OTHER				

Note: include all units available including any set aside as a model or for staff

UTILITIES INCLUDED IN RENT: (CHECK ALL THAT APPLY)

ELECTRIC	WATER	SEWER	CABLE	INTERNET
PHONE	OTHER:			

PREMIUM & ADDITIONAL CHARGES: (floor location, garages, covered parking, storage units, etc.)

DESCRIPTION	# AVAILABLE	\$/MONTH	# OCCUPIED
1ST FLOOR UNIT			
2ND FLOOR UNIT			
3RD FLOOR UNIT			
GARAGE			
COVERED PARKING			
STORAGE UNITS			
OTHER:			

ADDITIONAL COMMENTS:**PREPARER INFORMATION:**

NAME & TITLE
EMAIL ADDRESS
TELEPHONE #
DATE