### SELF-STORAGE INCOME AND EXPENSE SURVEY

Confidential Information Per F.S. 195.027 For Use By Osceola County Property Appraiser’s Office Only

Property name:  
Property address:  

**2020 GROSS INCOME**  
**Income Data for January 1, 2020 thru December 31, 2020**

*Attach complete Profit & Loss Statement and Rent Roll as of 1/1/2021*

<table>
<thead>
<tr>
<th>Units</th>
<th>Income / year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasable A/C SF</td>
<td></td>
</tr>
<tr>
<td>Leasable Non A/C SF</td>
<td></td>
</tr>
<tr>
<td>Outdoor Storage Spaces</td>
<td></td>
</tr>
<tr>
<td>Covered Storage Spaces</td>
<td></td>
</tr>
</tbody>
</table>

**Total 2020 Gross Rental Income:** $  
Vacancy and Collection Loss: % $ -  
Rent Concessions: $ -  
Other Income: Packing supplies, vending, etc. $ +  
**Total 2020 Actual Income Received:** $  

**2020 OPERATING EXPENSES**  
**Expense Data for January 1, 2020 thru December 31, 2020**

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Management Fees | $ -  
| Payroll | $ -  
| Insurance (Building & Content) | $ -  
| Insurance (Employee, other) | $ -  
| Utilities (Electric, Phone, Cable, etc) | $ -  
| Garbage | $ -  
| Office Expense, Supplies, etc. | $ -  
| Professional Fees (Accounting, Advertising, Legal, etc.) | $ -  
| Services (Grounds Maintenance, Elevator, etc) | $ -  
| Repairs & Maintenance | $ -  
| Non Ad Valorem Assessments | $ -  
| Reserves for Replacements | $ -  
| Other (specify) | $ -  

**Total 2020 Operating Expenses:** $ -  

**2020 Net Operating Income ( before taxes, cap.improv. & other exp.)** $  

**2020 CAPITAL EXPENSES**  
**Expense Data for January 1, 2020 thru December 31, 2020**

Please specify improvement. Do not include in operating expenses above

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Amount</th>
</tr>
</thead>
</table>
|             | $ -    
|             | $ -    
|             | $ -    

Prepared by: ________________________________  
Title: ________________________________  
Date: __________

Signature: ________________________________  
Phone #: ________________________________

* Please attach additional pages as necessary.  
E-mail: ________________________________

**COVID-19 INFORMATION**

Did you receive any subsidy for Covid -19 relief?  
Did you include any subsidy in your reported revenue?  
If so, please state the amount $ __________________________  
Did you make any rent concessions or modifications?  
If so, what were the terms?  
__________________________________________________________  
__________________________________________________________  
Did you experience any vacancies directly related to Covid-19?  
__________________________________________________________  
__________________________________________________________

Please attach any additional information that you feel is relevant.

RETURN BY APRIL 1, 2021