MIKE TWITTY, MAI, CFA
Pinellas County Property Appraiser
www.pcpao.org **mike@pcpao.org**

Reset

CONDOMINIUM HOTEL RENTAL INCOME REQUEST

This information will be held in confidence. Please return completed form by APRIL 15.
You may scan and email this completed form to confidential@pcpao.org

Name
Address
City, State Zip
Parcel ID
Mailing Address
(if different than above)

Please answer the following questions to the best of your ability:

1. Is this property 100% owner occupied? (circle one) **Yes No**
2. Number of Bedrooms: _____ Baths: _____
3. Days rented for the previous calendar year: _____

Please answer the following questions about the income and expenses for this unit:

1. Total **ANNUAL GROSS** income for this unit _____
2. Total **ANNUAL** Management fee or **ANNUAL** Commission fee for this unit _____
3. Total **ANNUAL** condo fees _____
4. Total **ANNUAL** housekeeping fees for this unit _____
5. Total Other **ANNUAL** expenses for this unit (do not include mortgage) _____
6. NET **ANNUAL** INCOME FOR THIS UNIT _____

Please answer the following questions about renovations to this unit:
Has this unit had renovations to any of the following?

	Year:	Approximate cost:
Kitchen	_____	_____
Bath	_____	_____
Electrical	_____	_____
Plumbing	_____	_____
Other substantial renovation	_____	_____

_____ Print Name
_____ Signature
_____ Date

Phone: (____)_____ Email: _____

Print