



BRAZORIA COUNTY APPRAISAL DISTRICT
500 N CHENANGO ST ANGLETON TX 77515-4650
Telephone 979-849-7792 Fax 979-849-7984
<http://www.brazoriacad.org>

Dear Property Owner or Manager:

The Brazoria County Appraisal District is conducting our yearly income analysis. In compliance with **Texas Property Tax Code Section 23.102**, the district is mailing out market surveys in pursuance to collect this data. Commercial property that generates income can be valued based on the income that it produces and the return rate. The information provided in the Income & Expense Questionnaire is necessary to calculate the market value of a property based on the income approach to value. Please provide a copy of your profit and loss statement, rent roll, and other supporting documentation from the previous year. All information provided in the Income & Expense questionnaire is kept confidential.

For your convenience, this form is also available on our website for online submission. Please go to our website at www.brazoriacad.org and click on the commercial box, there you will find links to income surveys.

Return forms either by online submission through our website, fax (979-849-7984), emailed to (cdelhiero@brazoriacad.org), or mailed to the following address:

Brazoria CAD
ATTN : SHOPPING CENTER QUESTTIONAIRE
500 N. Chenango
Angleton, TX 77515

Forms must be returned by March 1st, 2022

Sec. 23.012. Income Method of Appraisal.

- (a) If the income method of appraisal is the most appropriate method to use to determine the market value of real property, the chief appraiser shall: (1) analyze comparable rental data available to the chief appraiser or the potential earnings capacity of the property, or both, to estimate the gross income potential of the property;
- (2) analyze comparable operating expense data available to the chief appraiser to estimate the operating expenses of the property;
- (3) analyze comparable data available to the chief appraiser to estimate rates of capitalization or rates of discount; and
- (4) base projections of future rent or income potential and expenses on reasonably clear and appropriate evidence.
- (b) In developing income and expense statements and cash-flow projections, the chief appraiser shall consider: (1) historical information and trends; (2) current supply and demand factors affecting those trends; and (3) anticipated events such as competition from other similar properties under construction.



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RV PARK INCOME AND EXPENSE QUESTIONNAIRE

All information herein kept confidential to be accessed by the Texas Property Tax Assistance Division and the Brazoria County Appraisal District

OWNER NAME		PID	
MAILING ADDRESS		SITUS (property location)	
CITY, STATE			
ZIP CODE		SITUS CITY	

TOTAL # of Spaces	
Occupied Spaces (Average)	
Average Monthly Rents per RV Space	
List the total number of Cabins or RVs leased out by you or another business. Check RV or Cabin. See page 2	<input type="checkbox"/> RV <input type="checkbox"/> Cabin

Utilities included in base rent (check)	<input type="checkbox"/> Electricity	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water
	<input type="checkbox"/> TV	<input type="checkbox"/> Phone	<input type="checkbox"/> Internet

2020 INCOME

January 1, 2020 thru December 31, 2020

**Attach completed Profit & Loss Statement and Rent Roll as of 1/1/21*

Total 2020 Gross (Base) Rental Income	\$
Rent Concessions	-\$
Vacancy Percentage	%
Collection Loss	-\$
Secondary Income	\$

2020 OPERATING EXPENSES

January 1, 2020 thru December 31, 2020

Payroll	-\$	Electricity	-\$
Advertising	-\$	Water/Sewer	-\$
Property Insurance	-\$	Gas	-\$
Supplies	-\$	Trash	-\$
Office Supplies & Postage	-\$	Other Utilities	-\$
Legal & Accounting	-\$	Telephone/Cell-(Business)	-\$
Dues & Subscriptions	-\$	Internet	-\$
License Fees	-\$	Lawn Service	-\$
*Repairs & Maintenance	-\$	Machine Hire	-\$
*Other Expenses	-\$		-\$

*Identify repairs & maintenance expenses

*Identify other expenses

EXPENSES CON'T

Management Fee	- \$
Replacement for Reserves	- \$

2020 CAPITAL EXPENDITURES

January 1, 2020 thru December 31, 2020

Specify improvements made. Do not include capital expenditures in operating expenses above

_____ \$ _____ \$ _____
 _____ \$ _____ \$ _____

LEASED CABINS/RV'S

Please fill out if applicable

Do you own any Cabins/RVs Yes No

Are there any Cabins/RVs leased by the park or a third party not owned by individuals Yes No

Who do the Cabins/RVs belong to?

Owner Name	
Address	
City/State/Zip code	
Phone number	
Email	

Amenities

Check boxes if applicable

<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Propane	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Storage	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Water
<input type="checkbox"/> Vending	<input type="checkbox"/> Other	

Prepared by: _____	Title: _____	Date: _____
Signature: _____	Phone: _____	
	Email: _____	

Return by January 31, 2021

*Please attach additional pages as necessary

Additional Notes

