



Allen County Apartment Survey

Allen County Assessor – Stacey O’Day

Rousseau Centre, 1 East Main Street Suite 415

Fort Wayne, IN 46802 Ph 260-449-7501 Fax 260-449-3115

Owner: _____
 Mailing Address: _____
 Contact Number: _____
 E-Mail Address: _____
 Name of Preparer: _____
 Apartment/Complex Name: _____
 Property Address: _____
 Parcel Number (s): _____

Services & Utilities Included in Rent: Heat _____ A/C _____ Gas _____ Electric _____
 Parking _____ Pool _____ Security _____
 Washer/Dryer _____ Furnishings _____

Rent Schedules:	# Units	Bath/Units	2021 Rent	2022 Rent	2023 Rent
Efficiency	_____	_____	_____	_____	_____
1 Bedroom	_____	_____	_____	_____	_____
2 Bedroom	_____	_____	_____	_____	_____
2 Bedroom & Den	_____	_____	_____	_____	_____
3 Bedroom	_____	_____	_____	_____	_____
3 Bedroom & Den	_____	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____	_____
Parking # Spaces	_____	_____	_____	_____	_____

Mortgage/Sales Information

1. Is there a current mortgage on the property? Yes _____ No _____
 If "Yes", please provide the following data:

_____ Name of Mortgagee _____ Loan Amount _____ Monthly Payment _____ Interest Rate _____ Term of Mortgage

2. Please provide: Date Purchased: _____ Consideration: _____

Has there been a professional appraisal of the property within the last five years?

If yes, the appraiser's estimate of value: _____ Date of the appraisal: _____

Please continue to page 2 to complete the survey.

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.	
Contact Person:	_____
Management Firm (if applicable)	_____
Address:	_____
Phone:	_____
Date: _____	Signature: _____ Title: _____



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Actual Income & Expenses are required. An itemized computer printout may be attached to this form in lieu of completing the section below.

Annual Income:	2021	2022	2023
1. Total Gross Rents @ 100% Occupancy	_____	_____	_____
2. Owner, Janitor, Manager Apartments	_____	_____	_____
3. Other income (Laundry, Pool, etc)	_____	_____	_____
4. Loss Due to Vacancy or Bad Debt	_____	_____	_____
5. Total Actual Income (Lines 1-3 Less Line 4)	_____	_____	_____

Expenses:	2021	2022	2023
6. Payroll (Except Manager, Repair)	_____	_____	_____
7. Supplies (Janitor, Bulbs, etc)	_____	_____	_____
8. Electricity & Utilities	_____	_____	_____
9. Heating Fuel (Type of Fuel _____)	_____	_____	_____
10. Management Fees/Wages	_____	_____	_____
11. Administrative Cost (List)	_____	_____	_____
12. Maintenance & Repairs (List)	_____	_____	_____
13. Miscellaneous Expenses (List)	_____	_____	_____
14. Fire Insurance & Extended Coverage	_____	_____	_____
15. Reserves for Replacements (List)	_____	_____	_____
16. Total Expenses (Line 6-15)	_____	_____	_____
17. Real Estate Taxes	_____	_____	_____
18. Building Depreciation	_____	_____	_____
19. Mortgage Interest Payment	_____	_____	_____
20. Capital Expenditures (List)	_____	_____	_____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.		
Contact Person:	_____	
Management Firm (if applicable)	_____	
Address:	_____	
Phone:	_____	
Date:	Signature: _____	Title: _____