



Allen County Apartment Survey

Allen County Assessor - Stacey O'Day
Rousseau Centre, 1 E Main Street Suite 415
Fort Wayne IN 46802
Ph 260-449-7501 Fax 260-449-3115

ASSESSOR'S OFFICE

Owner: _____

Mailing Address: _____

Contact Number: _____

E-Mail Address: _____

Name of Preparer: _____

Apartment/Complex Name: _____

Property Address: _____

Parcel Number (s): _____

*As part of data submission, please include the last three years (2020-22) of income & expense records

<u>Unit Information: (Name - bed/bath)</u>	<u># Units</u>	<u>Square footage</u>	<u>Ave Rent - 2021</u>	<u>Rent Range</u>
1. <u>ex. Smithfield - Standard - 1/1</u>	<u>12</u>	<u>610</u>	<u>\$ 550</u>	<u>\$ 525 - \$ 575</u>
2. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
3. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
4. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
5. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
6. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
7. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
8. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
9. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>
10. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____ - \$ _____</u>

Employee/Owner Occupied _____

of units unable to be occupied and why: _____

Occupancy Rate: _____

Expense Ratio: _____

Typical length of initial lease?: _____

Is this property a participant in a low-income housing program? Yes () No () If Yes, which program: _____

Please check which utilities & services are included in rent:

Heat () Gas () Electricity () Water () Washer/Dryer ()

A/C () Parking () Security () Swimming Pool () Clubhouse ()

Parking Information:

Lot Parking # of Spaces: _____

Carport # of Spaces: _____ Cost: \$ _____

Garage # of Spaces: _____ Cost: \$ _____

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: _____