



Allen County Mobile Home Park 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: _____

Community Name: _____

Property Address: _____

Parcel Number (s): _____

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

Unit Information:

	# Units	Ave Monthly Rent 2021	Rent Range	# of units where rent includes utilities
1. Singlewide (lot only)	_____	\$ _____	\$ _____ - \$ _____	_____
2. Doublewide (lot only)	_____	\$ _____	\$ _____ - \$ _____	_____
3. Triplewide (lot only)	_____	\$ _____	\$ _____ - \$ _____	_____
4. Singlewide (with mobile home)	_____	\$ _____	\$ _____ - \$ _____	_____
5. Doublewide (with mobile home)	_____	\$ _____	\$ _____ - \$ _____	_____
6. Triplewide (with mobile home)	_____	\$ _____	\$ _____ - \$ _____	_____

Employee/Owner Occupied _____

of units unable to be occupied and why: _____

Occupancy Rate: _____

Expense Ratio: _____

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: _____