



ELKHART COUNTY ASSESSOR

RENTAL DATA COLLECTION SHEET

DATE: _____

574-535-6700

ASSESSOR@ELKHARTCOUNTY.COM

WWW.ELKHARTCOUNTYASSESSOR.COM

IC 6-1.1-4-39(d) – "...If a taxpayer wishes to have the income capitalization method or the gross rent multiplier method used in the initial formulation of the assessment of the taxpayer's property, the taxpayer must submit the necessary information to the assessor not later than the assessment date..."

410 IAC 6-8.3-6 – "'Bedroom' means...: (1) in a residence that the local health department and the owner agree could be occupied for the purpose of sleeping and contains: (A) an area of seventy (70) square feet or more; (B) at least one (1) operable window or exterior door for emergency egress or rescue; and (C) for new construction, a closet..."

ACKNOWLEDGEMENTS (INITIALS REQUIRED)

_____ I UNDERSTAND THAT THIS FORM MUST BE **FILLED OUT COMPLETELY** IN ORDER TO HAVE THE GRM VALUATION APPLIED TO THE BELOW-LISTED PROPERTY. ANY INCOMPLETE FORM WILL BE DOCUMENTED FOR POSTERITY.

_____ I UNDERSTAND THAT THIS FORM MUST BE SUBMITTED **BEFORE JANUARY FIRST** TO BE CONSIDERED FOR THE CURRENT ASSESSMENT YEAR. ANY FORM SUBMITTED ON/AFTER JANUARY FIRST IS "LATE" TO THE ASSESSOR'S OFFICE, AND MAY REQUIRE THE OWNER TO FILE AN APPEAL IN ORDER TO HAVE THE GRM VALUATION APPLIED FOR THE CURRENT ASSESSMENT YEAR.

_____ I UNDERSTAND THAT, IF AN APPEAL IS FILED FOR A GIVEN RENTAL PROPERTY, THAT I WILL BE REQUIRED TO SUBMIT A LEASE AGREEMENT AS EVIDENCE IN THAT APPEAL.

GENERAL INFORMATION

OWNER/
PROPERTY MGR. _____

MAILING ADDRESS: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

PROPERTY INFORMATION

RENTAL STREET ADDRESS: _____

RENTAL PARCEL NUMBER: _____

IS **ANY** PORTION OF THE RENT BEING DISCOUNTED TO FRIEND OR FAMILY? YES _____ NO _____

---IF YES, PLEASE IDENTIFY WHICH UNIT(S): _____

IS **ANY** PORTION OF THIS PROPERTY OCCUPIED AND/OR USED BY THE OWNER? YES _____ NO _____

---IF YES, PLEASE EXPLAIN: _____

	UNIT 1	UNIT 2	UNIT 3	UNIT 4
MONTHLY RENT				
NUMBER OF BEDROOMS				
NUMBER OF BATHROOMS				
UTILITIES INCLUDED (Y/N)				
UTILITY AMOUNT PAID				
BASEMENT (Y/N)				
BASEMENT FINISH (Y/N)				

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE, COMPLETE, AND ACCURATE TO BEST OF MY KNOWLEDGE:

_____ (SIGNATURE)