Date Submitted:	
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ELKHART COUNTY ASSESSOR

574-535-6593 BSHELL@ELKHARTCOUNTY.COM 117 N SECOND ST GOSHEN, IN 46526

RENTAL DATA COLLECTION SHEET

THE INFORMATION LISTED ON THIS SHEET IS <u>CONFIDENTIAL</u> BUT THE DATA HEREIN WILL BE USED IN RENTAL STUDIES, WHICH ARE USED TO HELP DEVELOPE OUR RENTAL MODEL FOR THE COUNTY

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..."

GENERAL INFORMATION OWNER NAME: PROP.MGR (IF APPLICABLE): CONTACT EMAIL: PHONE: OWNER ADDRESS: **PROPERTY INFORMATION** RENTAL ADDRESS: RENTAL PARCEL NUMBER: _____ IF THIS PROPERTY WAS PURCHASED IN THE PAST 5 YEARS, WHAT WAS THE SALE PRICE? WAS THIS PROPERTY RENTED UPON PURCHASE? YES NO HOW MUCH WAS INVESTED TO REMEDIATE/RENOVATE IT AFTER PURCHASE? ______ IS **ANY** PORTION OF THIS PROPERTY **OCCUPIED AND/OR USED BY THE OWNER?** YES NO IS ANY PORTION RENTED AT A DISCOUNT TO A FRIEND OR FAMILY MEMBER? YES__ NO__ If a unit is vacant at time of completing – please put the rent you will be asking from a new tenant if known. UNIT 1 UNIT 2 **UNIT 3** UNIT 4 MONTHLY RENT NUMBER OF BEDROOMS NUMBER OF BATHROOMS **UTILITIES INCLUDED? FURNISHINGS INCLUDED?** LEASE BEGIN/END BASEMENT (Y/N) BASEMENT FINISH (Y/N) IS THERE ANY ADDITIONAL INFORMATION, FEATURES, OR ITEMS THAT WE SHOULD BE AWARE OF? **Example:** Unit 1 is a walkout basement unit OR Accessory buildings are owner used not tenant.

Potentially more information may be asked to verify any and all of the above information at a later date.

I certify that the information above to be accurate: ______ (signature)