



ELKHART COUNTY ASSESSOR

DATE: _____

RENTAL DATA COLLECTION SHEET

THE INFORMATION LISTED ON THIS SHEET IS CONFIDENTIAL BUT THE DATA HEREIN WILL BE USED IN RENTAL STUDIES, WHICH ARE USED TO HELP DEFINE OUR MODEL AND AFFECTS ALL RENTAL PROPERTIES WITHIN 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/
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 _____

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

---IF YES, PLEASE EXPLAIN: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION BASED ON THE MOST CURRENT MONTH(S) OF OPERATION:

	UNIT 1	UNIT 2	UNIT 3	UNIT 4
MONTHLY RENT				
HOA FEES (ONLY IF NOT INCLUDED IN RENT)				
NUMBER OF BEDROOMS				
NUMBER OF BATHROOMS				
GARAGE (Y/N) ATTACHED/DETACHED (ATT/DET)				
BASEMENT (Y/N) BASEMENT FINISH (Y/N)				
UTILITIES INCLUDED (Y/N) (INCLUDE DOLLAR AMOUNT)				
LEASE BEGIN/END				

IS THERE ANY ADDITIONAL INFORMATION, FEATURES, OR ITEMS THAT WE SHOULD BE AWARE OF?

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