

2006 Complaint No.: _____

Current Assessed Valuation, All Parcels: _____ 2005 Assessed Valuation: _____

Taxpayer's Request: _____

Appeal Made to Assessor: YES NO Amount of Assessor's Reduction: _____

Owner Occupied? YES NO % Owner Occupied: _____

APPRAISAL

Fair Market Value: _____ As of: _____ Date of Inspection: _____

Taxes: _____ Year: _____ % of Income: _____

Are tenants required to pay any share of taxes: YES NO If Yes, _____ % and \$ _____

Total Annual Gross Potential Income, All Sources: \$ _____

Economic Analysis Actual Gross Income \$ _____ **% Occupied** _____

(Include all tenant contributions and government subsidies. If government subsidies are received and the taxpayer has been required to file H.U.D. 92410 or I.R.S. 8586, 8609 and 8609 Schedule A, then attach copies to this summary sheet.)

RENTAL INCOME

# of Rooms/Unit	# of Units	Rent Room/Month	Rent Unit/Month	Total Rent/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any apartments furnished: YES NO How many?: _____

Rental value of owner occupied space: _____ Total Units: _____

Commercial space: _____ sq. ft. x _____ annual rent/sq. ft. = _____ commercial income Total Units: _____

Other income (source): \$ _____ Annual income: \$ _____

Actual Annual Expenses (exclude property taxes, debt service and depreciation)	Amount paid by owner	Check if paid by apartment tenant	Check if paid by commercial tenant
Payroll, e.g., janitor, manager	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas for heat	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas for appliances	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electric for heat	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electric for appliances	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Water & sewer	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Contractual services, e.g., trash, security, exterminator	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Repairs and Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Replacement reserve	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Vacancy/Collection loss	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$ _____	Explain: _____	
TOTAL ANNUAL EXPENSES	\$ _____	% of Income: _____	

Annual Net Income (total income-total expenses) \$ _____

Suggested capitalization rate (excluding property taxes): _____ Tax load: _____ Total: _____

Purchase (on or after January 1, 2003) Price: \$ _____ Date: _____

Construction (on or after January 1, 2003) Price: \$ _____ Date: _____

Explain if property value was affected by catastrophe or demolition. _____

Is building in housing court or under citation for code violations? YES NO

Signature: _____ Owner Attorney