

DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS

APARTMENT / MULTI-FAMILY APPEAL FORM

Under the provisions of law any person* aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals on or before August 1st. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE APPELLANT FILES BOTH THE APPEAL AND REQUIRED DOCUMENTS: 1) BEFORE AUGUST 1ST FOR ANNUAL APPEALS, OR 2) WITHIN 40 DAYS FROM A NEW OR REVISED ASSESSMENT.

(* Includes taxing districts)

TAX MAP IDENTIFICATION NUMBER: _____
DISTRICT MAP PARCEL LOT TRLR

RECORD OWNER'S NAME(S): _____

MAILING ADDRESS: _____

PROPERTY SUBJECT OF APPEAL: _____

State reasons for filing this appeal: _____

Total Assessment
Land: \$ _____
Improvements: \$ _____
Total: \$ _____

Opinion of Market Value
Current Market Value \$ _____
Common Level Ratio X _____
Indicated Assmt. by CLR \$ _____

Recite Sales Supporting Opinion of Current Market Value

Property Owner	Property Location	Date Sold	Sale Price
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RENTAL DATA

Indicate current ranges of rent for unit types (1 bdrm, 2 bdrm):

Type of Unit	Number	Monthly Rent (unfurnished)	
		From \$	To \$
_____	_____	From \$	To \$
_____	_____	From \$	To \$
_____	_____	From \$	To \$
_____	_____	From \$	To \$

Garage/Carport/Parking \$ _____ Each Per Month

If similar units have varying rents depending on floor level, directional exposure or furnished, list the dollar amount or rent variation: _____

-- OVER --

MORTGAGE INFORMATION

Total Amount Financed
Interest Rate
Term of the Loan
1st Loan
2nd Loan
3rd Loan

ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME AND EXPENSE FORM

CHECK ONE OF THE FOLLOWING STATEMENTS

- [] I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon accurate as to the building size and physical description of the property.
[] I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon inaccurate as to the building size and/or physical description of the property.
[] I/we have not reviewed the property record card in the assessment office for the property that is the subject of this appeal.

CERTIFICATE OF APPEAL

I/we hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signed: _____ Date: _____
Print Name and Title as Signed Above Phone# Home: _____ Office: _____

For Official Use Only

Date Appeal Heard: _____ Field Checked Date: _____
Type of Property: _____ [] Interior [] Exterior
Hearing Notes: _____

Decision of Board: [] NO CHANGE [] ABANDONED FOR FAILURE TO APPEAR
[] WITHDRAWN BY APPELLANT
REVISED FROM: L: \$ _____ TO \$ _____
B: \$ _____ TO \$ _____
T: \$ _____ TO \$ _____
Effective: ____ / ____ / ____ Requires: Exoneration [] Refund []
INTERIM FROM: B: \$ _____ TO \$ _____

INCOME & EXPENSE INFORMATION
(for the most recent years)

Property Location: _____
 Property Known As: _____

	20	20	20
<u>INCOME</u>			
Potential Gross Income: (If 100% occupied)	_____	_____	_____
Other Income: (List by type)	_____	_____	_____
	_____	_____	_____
Less Vacancy:	_____	_____	_____
Less Credit Loss:	_____	_____	_____
Effective Gross Income:	_____	_____	_____
<u>Expenses</u>			
Land Rent:	_____	_____	_____
Insurance:	_____	_____	_____
Electricity:	_____	_____	_____
Telephone:	_____	_____	_____
Gas:	_____	_____	_____
Water & Sewer:	_____	_____	_____
Trash Removal:	_____	_____	_____
Heat:	_____	_____	_____
Manager's Salary:	_____	_____	_____
Fees:	_____	_____	_____
Legal & Accounting:	_____	_____	_____
Payroll Taxes:	_____	_____	_____
Group Insurance:	_____	_____	_____
Advertising:	_____	_____	_____
Wages & Salaries:	_____	_____	_____
Supplies:	_____	_____	_____
Maintenance & Repairs:	_____	_____	_____
Replacement Reserves:	_____	_____	_____
Other:	_____	_____	_____
Total Operating Expenses:	_____	_____	_____
Net Income Before Recapture & Taxes:	_____	_____	_____

OVER

ITEMS INCLUDED IN RENT
(Check all that apply)

- Heating
- Air Conditioning
- Electricity
- TV Cable

TOTAL NUMBER OF UNITS AND CURRENT ADVERTISED RENT

_____ 1 BEDROOM UNITS @ \$_____ PER MONTH
_____ 2 BEDROOM UNITS @ \$_____ PER MONTH
_____ 3 BEDROOM UNITS @ \$_____ PER MONTH
_____ OTHER UNITS @ \$_____ PER MONTH

NUMBER OF FURNISHED UNITS _____

FURNITURE IN UNITS OWNED BY:

- BUILDING OWNER
- RENTAL COMPANY
- OTHER

Provide any other remarks or relative financial information in this area:
