

DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS

RENTAL / 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

Table with 4 columns: Property Owner, Property Location, Date Sold, Sale Price. Rows 1, 2, 3.

RENTAL DATA

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

Table with 3 columns: Type of Unit, Number, Monthly Rent (unfurnished). Monthly Rent split into From \$ and To \$.

Garage/Carport/Open 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:

MORTGAGE INFORMATION

1st Loan 2nd Loan 3rd Loan

Total Amount Financed

Interest Rate

Term of the 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. If any information and/or description is not accurate, attach an explanatory statement.

[] 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: Phone# Office phone#

For Official Use Only

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

Decision of Board: [] NO CHANGE [] ABANDONED FOR FAILURE TO APPEAR [] WITHDRAWN BY APPELLANT REVISIED 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