



Allen County Commercial Team Annual Apartment Survey

Assessors Office
1 E Main St, Suite 415
Fort Wayne, IN 46802
phone - (260) 449-7501 - fax (260) 449-4621

Owner: _____
Mailing Address: _____
Contact Number: _____
E-Mail Address: _____
Name of Preparer: _____
Apartment/Complex Name: _____
Property Address: _____
Parcel Number (s): _____

Unit Information:	# Units	Square footage	1/1/16 - rate/month - 1 yr lease	Rent Range
Efficiency	_____	_____	\$ _____	\$ _____-\$ _____
1 Bed/1 Bath	_____	_____	\$ _____	\$ _____-\$ _____
2 Bed / 1 Bath	_____	_____	\$ _____	\$ _____-\$ _____
2 Bed / 2 Bath	_____	_____	\$ _____	\$ _____-\$ _____
3 Bed / 1 Bath	_____	_____	\$ _____	\$ _____-\$ _____
3 Bed / 2 Bath	_____	_____	\$ _____	\$ _____-\$ _____
4 Bed / 1 Bath	_____	_____	\$ _____	\$ _____-\$ _____
4 Bed / 2 Bath	_____	_____	\$ _____	\$ _____-\$ _____
Other (List)	_____	_____	\$ _____	\$ _____-\$ _____
Furnished Units	_____	_____	\$ _____	\$ _____-\$ _____
Employee/Owner Occupied	_____	_____	_____	_____
# of units unable to be occupied and why:	_____			

Occupancy Rate: _____

Expense Ratio: _____

Typical length of initial lease?: _____

Is this property a participant in a low-income housing program? Yes () No () If Yes, which program: _____

Please check which services & utilities are included in rent:

Heat() Gas () Electricity () A/C () Washer/Dryer ()
Parking () Security () Swimming Pool () Clubhouse ()

Parking Information:

Lot Parking # of Spaces: _____
Carport # of Spaces: _____ Cost: \$ _____
Garage # of Spaces: _____ Cost: \$ _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.		Contact Person: _____
Management Firm (if applicable) _____		
Address: _____		
Phone: _____		
Date: _____	Signature: _____	Title: _____