



Property Summary Sheet

 Appeal Year

 Town

 Appeal Number

 Property Index Number(s)

 Owner / Taxpayer

 Property Index Number(s)

 Owner's Mailing Address

 Property Street Address

 City

 State

 Zip

 City

 State

 Zip

 Daytime Phone Number

 Township

 Email Address

Property Class _____

Documentation *REQUIRED* for all Industrial / Commercial Appeals:

- Appeal Form
- Property Summary Sheet
- Owner Lessee Verification
- Field Check Request
(must be requested within the 30 day filing deadline as well as)
 - Current Year Notarized Vacancy Affidavit
and
 - Current Year Rent Roll or Income

Other Relevant Documentation

- Appraisal
and
- Appraisal Summary Sheet
- Income and Expense Statements
(required if not 100% owner occupied)
 Year _____ , _____ , _____

Other Relevant Documentation (continued)

- Rent Roll *(required if not 100% owner occupied)*
- Lease(s)
- Sales Questionnaire *(required if purchased in the last 5 years)*
- Closing Statement
- Real Estate Sales Contract
- Real Estate Transfer Declaration
- Recorded Deed
- Vacancy Affidavit
- Vacancy Affidavit *(required if 10 or more stories)*
- Witness Affidavit
- Demolition Affidavit
- Demolition Bill / Receipt

Other Documents Not Listed:



Property Summary Sheet

ACTUAL INCOME

| | 2022 | 2021 | 2020 |
|---------------------------|------|------|------|
| Apartment Income _____ | | | |
| Commercial Income _____ | | | |
| Total Income _____ | | | |
| Expenses _____ | | | |
| Net Income _____ | | | |

REPRESENTATIVE'S ANALYSIS

| | | | |
|--------------------|--------------------------------------|------------------------------|-----------------------------|
| Income _____ | Owner Occupied? (<i>check one</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Expenses _____ | | | |
| Net Income _____ | Occupied SF _____ | | |
| Cap Rate _____ | | | |
| Market Value _____ | | | |

| | Number of Apartments | Number of Rooms | Rent per Apartment | |
|----------------------|-------------------------|--------------------|--------------------|-------|
| | | | Low | High |
| Studios _____ | | | _____ | _____ |
| One Bedroom _____ | | | _____ | _____ |
| Two Bedrooms _____ | | | _____ | _____ |
| Three Bedrooms _____ | | | _____ | _____ |
| ____ Bedrooms _____ | | | _____ | _____ |
| Total _____ | | | | |

Apartment SF

Commercial SF

Gross Building SF

Number of
Commercial Units