



Annual Apartment Survey
 Harrison Township Assessor Office
 167 Oak St
 Terre Haute, IN 47807
 Phone: (812) 462-3271
 Fax: (812): 462-3273

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: _____