

Tompkins County Department of Assessment

128 E Buffalo St, Ithaca NY 14850

FOR APARTMENT USE

<http://www.tompkins-co.org/assessment/>

Ph: 274-5517 Fax: 274-5507 assessment@tompkins-co.org

Apartment Income and Expense Questionnaire for the year of _____

(Confidential information - Not Subject to FOIL)

Municipality: _____ Owner: _____ Phone: _____
 Tax Map Number: _____ Manager: _____ Phone: _____
 Property Location: _____ Contact Email: _____

Please fill out the information as completely as you wish. If you wish to omit any figures, please feel free to do.

Unit Number	# of Bedrooms	# of Occupants	Landlord pays the...				Furnished (Y/N)	Monthly Rent	Annual Rent	Vacancy Percent
			Heat	Gas	Elec	Water				

Other Income: _____ Total Annual Rent: \$ _____

Parking/garage # of spaces _____ Rent/Year _____ Vacancy Percent _____

Laundry (coin op) Income/Year _____

Total Other Income: \$ _____

Operating Expenses (without real estate taxes or debt service):

Insurance: _____ Maintenance: _____

Heat: _____ Management: _____

Electric: _____ Other (specify): _____

Water/Sewer: _____

Solid Waste: _____

Total Operating Expenses: \$ _____

Capital Improvements: \$ _____

Any other information that you feel is relevant in valuing your property:

Signature _____

Date _____