Hendricks County Income Valuation Worksheet

Residential Rental Housing Worksheet (*ALL SHADED AREAS MUST BE COMPLETED*)

PRIVILEGED & CONFIDENTIAL

I. TAXPAYER INFORMATION

DATE RECEIVED

| *OWNER | S NAME: | | | | | | | |
|--|-------------|---------------|-------------|-------------------|--------------|------------|----------------|------------|
| *LLC OWNER | 'S NAME: | | | | | | | |
| | | | | | | | | |
| *CORPORATIO | N NAME: | | | | | | | |
| *OWNER'S MAILING ADD | DRESS: | | | | | | | |
| *RENTAL PROPERTY ADDRESS: *OWNER'S PHONE NUMBER: *EMAIL ADDRESS: | | СІТҮ | | | STATE ZIP | | | ZIP CODE |
| | | CITY () | | | STATE | | | ZIP CODE |
| | |) PERTY IN | IFORMATI | ON (<u>ONE P</u> | ARCEL NU | MBER PF | R FORM) | |
| * PARCEL NUMBER#: | | | | | | | <u> </u> | |
| * Date of Purchase (Within the last | t 3 years): | | | | *Purch | ase Price: | | |
| * PLEASE CHECK THE AP | PROPIAT | TE BOX: | | | _ | | AIRBNB / SHORT | TERM LEASE |
| Complete Unit 1 | | HOUSE: | | Complet | te Units 1-2 | | DOUBLE | |
| Complete Units 1-4 | | HOUSE (AD | DITIONAL UN | ITS) Complet | te Units 1-2 | | DUPLEX | |
| Complete Units 1-2 | | CONDO | | _ | te Units 1-3 | | TRIPLEX | |
| Complete Units1-2 | | TOWNHOU | SE | _ | te Units 1-4 | | QUADPLEX | |
| * If this is a house with additional living units, what is the total number of living units? * Do you live in a portion of the property in addition to renting the property? If <u>YES</u>, please circle which unit you live in * UNIT #1 UNIT #2 UNIT #3 UNIT #4 | | | | | | | | |
| Unit Address | | | | | | | | |
| Sq. Feet | | | | | | | | |
| Year Built | | | | | | | | |
| Number of Bedrooms: | | | | | | | | |
| Number of Bathrooms: | | | | | | | | |
| Garage YES / NO: | | | | | | | | |
| Monthly Rent for 2023 | | | | | | | | |
| Monthly Rent for 2024 | | | | | | | | |
| Number of Months Vacant for Rental Year 2023? | | | | | | | | |
| Schedule E Attached YES/NO | | | | | | | | |
| Lease Agreement Attached YES / NO | | | | | | | | |
| | | | OFFICE | USE ONLY | | | | 1 |

UPDATED

REMOVED

GRID

SCANNED

NEW

INITIALS:

| Please use this section to indicate any additional information that you feel is pertinent to your rental property. If any of the rental amounts provided on this form are at a reduced rate, please include the market rent amount below: | | | | | | |
|---|----------------|------------------------|------------------|----------------------|--------------------|----------------|
| Unit 1-\$ | | Unit 2-\$ | | Unit 3-\$ | Unit 4-\$ | |
| (EXAMPLE | If you are re | enting to family/frier | nd for \$650.00 |) per month and the | amount you would | rent to a non- |
| family/frien | nd is \$1000.0 | 0, you will need to r | ecord the mar | ket rent as \$1000.0 | 0.) You will need | to inform the |
| I | Assessor's off | ice of this fact and e | explain the cire | cumstances in the sp | pace provided belo | w. |
| | | | | | | |
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All information returned to our office is *privileged and confidential* and will not be shared with any outside parties for any reason except to determine the Gross Rent Multiplier (GRM) for rental properties.

The gross income for each rental property is the total amount of collectable rent. The amount reported should be at or near market rent; any other situation resulting in a discounted rent amount should be noted in the area above.

Per State Stature 1C6-1.1-4-39(b-d), the GRM Method is the preferred method for valuing rental properties. Once the parcel is identified, the information is obtained and it is verified that there is no homestead on file, the Gross Rent Multiplier (GRM) value will be compared to the Cost Approach Valuation Method for the next assessment year and the lower of the two values will be assigned as the assessment.

If you report the income from this property on your federal income tax returns, please provide copies of your schedule E (individual filers) *or* Form 8825 (Business LLC or Corporation) for the past two years. If no Schedule E is available, please provide a detailed report of income and expenses for the past two years. If you rent to a family/friend and do not have this information, you will need to include the information as pertinent information.

SIGNATURE:

__DATE:

YOU MAY RETURN THIS FORM VIA:

| MAIL: | 355S. Washington St. # 230, Danville, IN 46122 |
|--------|--|
| FAX: | (317) 745-9411 |
| EMAIL: | HCASR-RENTAL@CO.HENDRICKS.IN.US |