BUNCOMBE COUNTY PROPERTY ASSESSMENT



R. Keith Miller, Assessor 155 Hilliard Ave. | Asheville, NC 28801

INCOME SURVEY FOR APARTMENT BUILDINGS

Property Address:		
Parcel ID#:		
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Vacancy Rate		
Total Number Of Apartments		
Total Number Of Garages		
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	EFFICIENCY APARMENTS Supporting documentation must be provided for all required years.				ACTUAL YEARLY RENT	
# of Units	Unit Sq Ft.	# of Baths	Average Monthly Rent	2018	2019	2020
			TOTAL			

1 BEDROOM APARMENTS Supporting documentation must be provided for all required years.			ACTUA	AL YEARLY	RENT	
# of Units	Unit Sq Ft.	# of Baths	Average Monthly Rent	2018	2019	2020
		_				
			TOTAL			

2 BEDROOM APARTMENTS Supporting documentation must be provided for all required years.			ACTUAL YEARLY RENT			
# of Units	Unit Sq. Ft.	# of Baths	Average Monthly Rent	2018	2019	2020
			TOTAL			

	3 BEDROOM APARTMENTS Supporting documentation <i>must be</i> provided for all required years.			ACTUAL YEARLY RENT		
# of Units	Unit Sq. Ft.	# of Baths	Average Monthly Rent	2018	2019	2020
			TOTAL			

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4 BEDROOM APARTMENTS Supporting documentation must be provided for all required years.			ACTUAL YEARLY RENT			
# of Units	Unit Sq. Ft.	# of Baths	Average Monthly Rent	2018	2019	2020
			TOTAL			

MISCELLANEOUS INCOME	Average	ACTU	JAL YEARLY	Y RENT
Supporting documentation <i>must be</i> provided for all required years.	Monthly Rent	2018	2019	2020
Garage Rent				
Storage Unit Rent				
Income From Other Sources (pet deposits, laundry etc. Include itemization)				

EXPENSES Supporting documentation <i>must be</i> provided for all	ACTUAL YEARLY EXPENSES (Do not include real estate taxes or debt services)				
required years.	2018	2019	2020		
Management and Administrative					
Utilities					
Operations and Maintenance					
Payroll					
Insurance					
Reserves for Replacements					
Other Expenses (include itemization)					
TOTAL					

Additional Comments or Information:

Must include the annual profit and loss statements, rent rolls, leases, operating statements or any supporting documents for all required years.

*Prepared by:		•		
Phone #	Email:			

^{*}If prepared by and signed by a Tax Representative, an AV-59 must be completed and attached with this form.