CRAWFORD COUNTY

INDUSTRIAL AND COMMERCIAL PROPERTY ASSESSMENT APPEAL

Under the provisions of law *any* person aggrieved by *any* assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Revisions on or before August 1st. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for hearing. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE AUGUST 1ST AS SET FORTH BY LAW.

RECORD OWNER(S) NAME: _____

MAILING ADDRESS: _____

_____

PROPERTY SUBJECT OF APPEAL: _____
Number Street City/Boro/Twp.

ASSESSORS TAX MAP IDENTIFICATION #: _____
District Tax Map Block Lot

ASSESSMENT APPEALED _____ OPINION OF VALUE OF THIS PROPERTY _____

DATE PURCPASED _____ PURCHASE PRICE _____ AMOUNT OF FIRE IINSURANCE _____

STATE REASONS FOR FILING THIS APPEAL: _____

_____

_____

UN IT INFORMATION

PLEASE INDICATE CURRENT RANGES OF RENT FOR ALL UNIT TYPES (EFFICIENCY. 1 BEDROOM. 2 BEDROOM. ETC.)

TYPE OF UNIT	NUMBER	UNFURNISHED MONTHLY RENT	
		From $	To $
		From $	To $
		From $	To $
		From $	To $

Garage/Carport/Open Parking Spaces _____ $ _____ Each per Month _____

If similar units hive varying rents depending on floor level, directional exposure or furnished. List the dollar .mount or rent variation: _____

_____

MORTGAGE INFORMATION

	1st Loan	2nd Loan	3rd Loan
Total Amount Financed			
Rate of Financing			
Term of the Loan			

***ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME & EXPENSE FORM**

CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to Appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA. CS Section 4904, relating to unsworn falsification to authorities.

SIGNED: _____ DATE: _____

_____ PHONE: (Home) _____

(Day/Office) _____

The above appeal form must be signed by the property owner or written authorization of the signing agent must be attached.

ALL NOTICE OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) OF RECORD AND SUCH OTHER AS IDENTIFIED BELOW:

NAME: _____

ADDRESS: _____

_____

GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS

	20____	20____	20____
Projected income 100% occupied, include value of rent-free units	$_____	$_____	$_____
Actual income received	$_____	$_____	$_____
Vacancy	$_____	$_____	$_____
Actual other income List by Type:	$_____ $_____ $_____ $_____	$_____ $_____ $_____ $_____	$_____ $_____ $_____ $_____
Total Actual Income Received	$_____	$_____	$_____

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

GROSS ANNUAL EXPENSES		20____	20____	20____
FIXED EXPENSES	Real Estate Taxes	$_____	$_____	$_____
	Insurance	_____	_____	_____
	Land Rent	_____	_____	_____
	Other	_____	_____	_____
		_____	_____	_____
OPERATIONAL EXPENSES	Electricity	$_____	$_____	$_____
	Telephone	_____	_____	_____
	Gas	_____	_____	_____
	Water & Sewer	_____	_____	_____
	Trash Removal	_____	_____	_____
	Heating	_____	_____	_____
	Manager's Salary	_____	_____	_____
	Fees	_____	_____	_____
	Legal & Accounting	_____	_____	_____
	Payroll Taxes	_____	_____	_____
	Group Insurance	_____	_____	_____
	Advertising	_____	_____	_____
	Wages & Salaries	_____	_____	_____
	Supplies	_____	_____	_____
	Maintenance & Repair	_____	_____	_____
	Replacement Reserve	_____	_____	_____
	Other	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
	TOTAL EXPENSES	$_____	$_____	$_____

Items Included in Rent

( )Heating
( )Air Cond.
( )Elec.
( )TV Cable
( )Water
( )Carpet
( )Drapes
( )Range
( )Refrig.
( )Dish-washer
( )Garbage Disposal
( )Parking
( )Pool
( )Rec. Facility
OTHER:
( ) _____
( ) _____
( ) _____
( )Furniture
# of Furnished Units:___
Furniture in Units Owned By:
( )Bldg. Owner
( )Rental Comp.
( )Other

PLEASE USE REVERSE SIDE FOR ANY RELATIVE COMMENTS TO THE PROPERTY