



**MULTI-FAMILY RESIDENTIAL**

**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. C.S. 4904, relating to unsworn falsification to authorities. **APPELLANT ACKNOWLEDGES HAVING READ "RULES AND REGULATIONS OF THE BOARD" DATED DECEMBER 3, 1993 AS AMENDED.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Owner(s) of Record Phone: (Home) \_\_\_\_\_  
 (Daytime) \_\_\_\_\_

All notices of proceedings will be mailed to owner(s) of record and such other as identified below:

\*\*ADDITIONAL Name: \_\_\_\_\_  
 FEE Address: \_\_\_\_\_  
 REQUIRED \_\_\_\_\_

**THE BOARD OF APPEALS MAY ACT TO RAISE OR LOWER ASSESSMENTS BASED ON THE EVIDENCE PRESENTED BEFORE IT**

**GROSS ANNUAL INCOME FOR THREE PRIOR YEARS**

	20____	20____	20____
Projected income 100% occupied Including value of rent free units	_____	_____	_____
Annual income received	_____	_____	_____
Vacancy	_____	_____	_____
Actual other income List by Type:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total</b>	_____	_____	_____
<b>Total Actual Income Received</b>	\$ _____	\$ _____	\$ _____

**GROSS ANNUAL EXPENSES FOR THREE PRIOR YEARS**

	20____	20____	20____	Items Included In rent
<b>Fixed Expenses</b>				
Real Estate Tax	_____	_____	_____	( ) Heat
Insurance	_____	_____	_____	( ) Air Conditioning
Land Rent	_____	_____	_____	( ) Electricity
Other	_____	_____	_____	( ) TV Cable
	_____	_____	_____	( ) Water
				( ) Carpet
Electricity	_____	_____	_____	( ) Drapes
Telephone	_____	_____	_____	( ) Range
Gas	_____	_____	_____	( ) Refrigerator
Water & Sewer	_____	_____	_____	( ) Dishwasher
Trash Removal	_____	_____	_____	( ) Garbage Disp.
Heating	_____	_____	_____	( ) Parking
Manager's Salary	_____	_____	_____	( ) Pool
Fees	_____	_____	_____	( ) Rec. Facility

**MULTI-FAMILY RESIDENTIAL**

**Operational  
Expenses**

Legal & Accounting	_____	_____	_____
Payroll Taxes	_____	_____	_____
Group Insurance	_____	_____	_____
Advertising	_____	_____	_____
Wages & Salaries	_____	_____	_____
Supplies	_____	_____	_____
Maintenance	_____	_____	_____
Replacement Reserve	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**OTHER:**  
( ) \_\_\_\_\_  
( ) \_\_\_\_\_  
( ) \_\_\_\_\_  
( ) Furniture  
# of Furnished  
Units  
  
Furniture in  
Units Owned by  
( ) Building Owner  
( ) Rental Company  
( ) Other

**Total Expenses**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**Please use reverse side for any other remarks relative to the property.**