

MULTI-FAMILY RESIDENTIAL

**LUZERNE COUNTY BOARD OF ASSESSMENT APPEALS
ASSESSOR'S OFFICE, COURTHOUSE, WILKES-BARRE, PA 18711-1001**

APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 20_____

Record Owner (name)_____

Mailing Address_____

Property Subject of Appeal_____

Number Street City/Borough/Township

Tax Map Identification Number_____

Map Number Block Lot

Date Purchased_____ Purchase Price_____ Amount of Fire Insurance_____

Deed/Record Book No._____ Page No._____ Please attach copy of Current Deed for Property

Assessment Appealed: Land_____ Improvements_____ Total_____ Opinion of Market Value_____

State Reasons for Filing the Appeal:_____

The basis for my appeal: ___A. Market Value ___B. Uniformity ___C. Comparability

Unit Information

Please indicate current ranges of rent for all unit types (1 bedroom, 2 bedroom, 3 bedroom, etc)

Type of Unit	Number of Units	Unfurnished Monthly Rent	
		From \$	TO \$
		From \$	TO \$
		From \$	TO \$
		From \$	TO \$
		From \$	TO \$
		From \$	TO \$
Garage/Carport /Open Parking Spaces		\$	Each per month

If similar units have varying rents depending on floor level, directional exposure or furnished, list the dollar amount or rent variation:

Mortgage Information

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

“ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED IN HOME & EXPENSE FORM”

By execution and filing of this notice of appeal, I/we consent to the hearing on my tax appeal being held and a decision issued thereon after October 31, 20____ and also that the hearing may be heard by one, two, or three members of the Board of Assessment Appeal.

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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 FEE REQUIRED** Name: _____
 Address: _____

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:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total	_____	_____	_____
Total Actual Income Received	\$ _____	\$ _____	\$ _____

GROSS ANNUAL EXPENSES FOR THREE PRIOR YEARS

	20____	20____	20____	Items Included In rent
Fixed Expenses				
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

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**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.