



Residential Multi-Unit Rental Questionnaire



*****CONFIDENTIAL INFORMATION*****

Owner: _____ Phone: _____

Email: _____ Parcel ID: _____

Mailing Address: _____

Property Address: _____

*** Please complete one section per unit. List additional units on page 2 or attach more pages as needed.**

****A copy of the current lease is requested if one is not already on file with our office. Per IC 6-1.1-35-9, any information pertaining to income and expense is constitutionally protected and will remain confidential.**

Unit 1

Unit Type (Check all that apply) : Main Upper Lower/Basement Front Rear Side by side Townhome

Monthly Rent _____ **Number of Bedrooms** _____

Months Vacant (Since last report) _____ **Number of Bathrooms** _____

Parking (Check One) : Garage Off Street On street

Utilities Paid (Circle One) **Monthly Average** if paid by landlord. **Appliances Provided** (Check all that apply)

Water Tenant / Landlord _____

Stove

Gas Tenant / Landlord _____

Refrigerator

Electric Tenant / Landlord _____

Washer/Dryer

Check all that apply

This unit is rented to a family member or friend This unit is the owner's primary residence

Unit 2

Unit Type (Check all that apply) : Main Upper Lower/Basement Front Rear Side by side Townhome

Monthly Rent _____ **Number of Bedrooms** _____

Months Vacant (Since last report) _____ **Number of Bathrooms** _____

Parking (Check One) : Garage Off Street On street

Utilities Paid (Circle One) **Monthly Average** if paid by landlord. **Appliances Provided** (Check all that apply)

Water Tenant / Landlord _____

Stove

Gas Tenant / Landlord _____

Refrigerator

Electric Tenant / Landlord _____

Washer/Dryer

Check all that apply

This unit is rented to a family member or friend This unit is the owner's primary residence

Unit 3

Unit Type (Check all that apply) : Main Upper Lower/Basement Front Rear Side by side Townhome

Monthly Rent _____ **Number of Bedrooms** _____

Months Vacant (Since last report) _____ **Number of Bathrooms** _____

Parking (Check One) : Garage Off Street On street

Utilities Paid (Circle One) **Monthly Average** if paid by landlord. **Appliances Provided** (Check all that apply)

Water Tenant / Landlord _____

Stove

Gas Tenant / Landlord _____

Refrigerator

Electric Tenant / Landlord _____

Washer/Dryer

Check all that apply

This unit is rented to a family member or friend This unit is the owner's primary residence

Unit 4

Unit Type (Check all that apply) : Main Upper Lower/Basement Front Rear Side by side Townhome

Monthly Rent _____ **Number of Bedrooms** _____

Months Vacant (Since last report) _____ **Number of Bathrooms** _____

Parking (Check One) : Garage Off Street On street

Utilities Paid (Circle One) **Monthly Average** if paid by landlord. **Appliances Provided** (Check all that apply)

Water Tenant / Landlord _____

Stove

Gas Tenant / Landlord _____

Refrigerator

Electric Tenant / Landlord _____

Washer/Dryer

Check all that apply

This unit is rented to a family member or friend This unit is the owner's primary residence

***Attach more pages as needed**

Michael R. Schultz
La Porte County Assessor
Kimi Fain / Income Valuation Specialist
555 Michigan Ave Suite 103
La Porte, IN 46350
Fax: (219) 326-7084
Phone: (219) 326-6808 Ext. 2437
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Scott E. Bell
Michigan Township Assessor
Shannon Coyle / Chief Deputy
302 W. 8th St Suite 3
Michigan City, IN 46360
Fax: (219) 873-3022
Phone: (219) 874-5611 Ext 7915
Email: scoyle@laporteco.in.gov

Printed Name : _____

Signature : _____ Date : _____