



# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

ADMINISTRATION BUILDING, ROOM 145, 1221 OAK STREET  
OAKLAND, CALIFORNIA 94612-4288  
(510) 272-3787 / FAX (510) 272-3803

**PHONG LA  
ASSESSOR**

**CONFIDENTIAL**

### SUBJECT PROPERTY

<b>APN:</b>	<b>USE:</b>
<b>LOCATION:</b>	<b>DATE:</b>
<b>PERMIT NO:</b>	<b>AMOUNT:</b>
<b>TYPE:</b>	<b>DATE:</b>
<b>DEED NO:</b>	

### APARTMENT/HOUSEHOLD PERSONAL PROPERTY QUESTIONNAIRE

1. Total number of units including owner's or manager's: _____		2. Annual vacancies and Collection Losses: \$ _____		3. Total ANNUAL income (as if all units rented and 100% occupied): \$ _____		
4. CURRENT RENTALS	UNFURNISHED		PARTLY FURNISHED		FURNISHED	
Type or Unit	How Many?	Monthly Rent Per Unit	How Many?	Monthly Rent Per Unit	How Many?	Monthly Rent Per Unit
Studio Apt.	_____	\$ _____	_____	\$ _____	_____	\$ _____
1 Bedroom Apt.	_____	\$ _____	_____	\$ _____	_____	\$ _____
2 Bedroom Apt.	_____	\$ _____	_____	\$ _____	_____	\$ _____
3 Bedroom Apt.	_____	\$ _____	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____	_____	\$ _____
5. Have you increased the rents since you acquired the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate _____ % or \$ _____ per month.						
6. Garages/Carports (if not included above): How many spaces? _____ Monthly rent for each \$ _____						
7. Other income received from this property: \$ _____ Source _____						
8. Please check those items which are provided or paid for by the owner:				9. Please list the ANNUAL amount of all expenses paid by you:		
COOKING	HEATING	FURNISHINGS	UTILITIES			
<input type="checkbox"/> Gas Range	<input type="checkbox"/> Gas Heaters	<input type="checkbox"/> W/W Carpets	<input type="checkbox"/> Gas	Allowance for Manager's Apartment and or Salary . . . . . \$ _____		
<input type="checkbox"/> Elec. Range	<input type="checkbox"/> Elec. Heaters	<input type="checkbox"/> Rugs	<input type="checkbox"/> Electric	Other Management Expense . . . . . \$ _____		
<input type="checkbox"/> _____	<input type="checkbox"/> Steam	<input type="checkbox"/> Drapes	<input type="checkbox"/> Water	Insurance . . . . . \$ _____		
<input type="checkbox"/> _____	Radiators	<input type="checkbox"/> Furniture	<input type="checkbox"/> Scavenger	Maintenance . . . . . \$ _____		
	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> _____	Repairs . . . . . \$ _____		
	Radiators	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Elevator Service . . . . . \$ _____		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		Pool Service . . . . . \$ _____		
	<input type="checkbox"/> _____			Total . . . . . \$ _____		
10. REMARKS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				Gas and Electric . . . . . \$ _____		
				Water . . . . . \$ _____		
				Scavenger . . . . . \$ _____		
				License . . . . . \$ _____		
				Advertising . . . . . \$ _____		
				Supplies . . . . . \$ _____		
				Real Estate Taxes . . . . . \$ _____		
				Debt Service . . . . . \$ _____		
				_____ \$ _____		
				TOTAL ANNUAL EXPENSES . . . . . \$ _____		

CONTINUED ON REVERSE SIDE

11. Household Personal Property (Apartment House Property)

Household personal property includes apartment furnishings, freestanding stoves, refrigerators, dishwashers, washers, dryers, microwaves, pool equipment, fitness and gymnasium equipment, office furniture and equipment and other property not built in or affixed to the land or building. This type of property is classified as personal property and is distinguished from built in appliances that are classified as improvements. Built in appliances or improvements include built in ovens, cook tops, drop in stoves, microwaves, dishwashers, range hoods, etc. Drapes and blinds are also classified as improvements. Household personal property is assessed as personal property and is noted as personal property on the tax bill.

Please list the number of each type of appliance shown below.

A. Built in Appliances	#	Avg. Age
Drop in Stoves		
Cook tops/ovens		
Microwaves		
Dishwashers		
Trash Compactors		
Other		

B. Personal Property	#	Avg. Age
Freestanding (slide in) stoves		
Refrigerators		
Washers (owned)		
Dryers (owned)		
Counter top microwaves		
Dishwashers (freestanding)		
Other		

C. Apartment furnishings/furniture - please describe the furnishings and furniture in each type of rental unit, the number of units and the average age.

Description	#	Avg. Age
Sleeping room with no kitchen		
Studio w/ kitchen + conv living room		
1 bedroom		
2 bedroom		
3 bedroom		
Larger		

D. Please list and describe other equipment not in the apartment units such as equipment for the pool and equipment in the fitness/gym room, recreation room, leasing office, and maintenance and supply room, etc.

Description of equipment	#	Avg. Age	Description of equipment	#	Avg. Age	Description of equipment	#	Avg. Age

If you purchased the property recently:

Was the household personal property included in the sale price? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, what value was allocated to the household personal property? \$ \_\_\_\_\_  
 If not, what price was paid for the household personal property? \$ \_\_\_\_\_  
 Did you receive a bill of sale? If so, please return a copy with this form. Yes \_\_\_\_\_ No \_\_\_\_\_

If this property is newly constructed:

Was was the total cost of the household personal property? \$ \_\_\_\_\_

I certify that the foregoing is true, correct and complete to the best of my knowledge.

SIGNATURE of Owner or Agent \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_