

CAMERON APPRAISAL DISTRICT

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Apartment Survey

Apartment Name: _____ Property ID: _____
 Address: _____ Tax Year: _____
 Total # of Apartments: _____ Year Built: _____ Year Renovated: _____
 Owner/Manager Name: _____ Phone #: _____
 Was Property purchased within the last three years? Yes No
 Purchase Price: _____ Sale Date: _____

Apartment Breakdown:

# of apartments	Type (Ex. 1BR,2BR,3BR)	Square Footage	Rental Rate/Month

Government Subsidized: Yes No Section: _____
 Occupancy Percentage: _____ Secondary Income/Year: _____
 Expense Percentage: _____

Apartment Amenities:

What utilities are included in the rent? _____
 Washer/Dryer Connections: Yes No Charge: _____
 Storage Units: Yes No Charge: _____
 Covered Parking: Yes No Charge: _____
 Garage: Yes No Charge: _____

Additional Features: _____

I request that this information be kept confidential. Yes No

By signing below, I certify that the above information is true and correct.

Signature: _____ Print Name: _____
 Title: _____ Date: _____