

County Assessor
CONFIDENTIAL - MOBILE HOME PARK INCOME QUESTIONNAIRE
 Information for Year 2009

County Name: _____
 Schedule Number: _____
 Owner: _____
 Address: _____

Total Number of Spaces _____ Total Number of Vacant Spaces _____

Total Income from Rent: _____

List any additional income to the mobile home park (vending, leases, laundry, facility, etc): _____

If you charge different space rents on any of the spaces, please specify the number of spaces at each level of rent (example-Riverside, Interior spaces, premium spaces etc.):

SPACE TYPE	DESCRIPTION	# OF SPACES	MONTHLY RENT PER SPACE
1			
2			
3			
4			

Please check the amenities that are available in this mobile home park.

City Water__	City Sewer__	Private Water__
Laundromat__	Natural Gas__	Electricity__
Street Lights__	Shower Rooms__	Asphalt Streets__
Chip & Seal Streets__	Gravel Streets__	Curb & Guter__

Expenses

Property Management _____
 Management _____
 Salaries _____
 Insurance _____
 Advertising _____
 Utilities _____
 Capital Improvements _____
 Grounds Care _____
 Repairs _____

List the nature of (attach additional notes if needed):

Repairs _____
 Maintenance: _____
 Capital Improvements: _____

Signature _____ Date _____
 Phone _____ Email _____