

**TOWN OF AMHERST**  
**INFORMAL ASSESSMENT REVIEW APPLICATION RESIDENTIAL WITH**  
**CONDOMINIUM STATUS**

The following information is important for your informal assessment review. Please fill out the property information (Section 1) to the best of your ability, AND A LIST OF ALL OWNERS IN COMPLEX CHALLENGING, WITH PHONE NUMBERS. Add any Income and Expense data (Section 2) you feel support your case. All information provided will be considered by the reviewer and becomes property of the Town of Amherst Assessor's Office.

**SECTION 1**

The following information relates to the subject property and can be obtained from the owner's knowledge of the property, the Property Inventory Books, or from public information on the internet.

**Please Print**

1. SECTION, BLOCK & LOT NUMBERS (attach list for entire complex) \_\_\_\_\_
2. NAME OF COMPLEX \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_
3. PROPERTY ADDRESS \_\_\_\_\_
4. NAME & PHONE NUMBER OF PROPERTY OWNER (attach list for entire complex) \_\_\_\_\_
5. CURRENT ASSESSMENT - TOTAL COMPLEX \$ \_\_\_\_\_
6. REQUESTED ASSESSMENT - TOTAL COMPLEX \$ \_\_\_\_\_
7. REASON(S) REQUESTING REDUCED ASSESSMENT \_\_\_\_\_

\_\_\_\_\_  
(ATTACH ANY ADDITIONAL INFORMATION)

8. PROPERTY DESCRIPTION:
  - A. STYLE OF PROPERTY \_\_\_\_\_ (PATIO HOME, TOWNHOME, APARTMENT)
  - B. IF ANY RENTED, MONTHLY RENTS \_\_\_\_\_ **per month**
  - C. UNIT SQUARE FOOTAGE (attach list for entire complex) \_\_\_\_\_
  - D. BEDS \_\_\_\_ / FULL BATHS (includes stand-up showers) \_\_\_\_ / HALF BATHS (no shower/bath) \_\_\_\_ (attach list for entire complex)
  - E. YEAR BUILT (attach list for entire complex) \_\_\_\_\_
  - F. PRIOR SALES INFORMATION - LAST 3 YEARS (attach list for entire complex)
  - G. HOW IS YOUR REQUESTED TOTAL VALUE ALLOCATED PER UNIT \_\_\_\_\_
9. INVENTORY CORRECTIONS - IS THERE INFORMATION ON YOUR PROPERTY RECORD THAT DIFFERS FROM WHAT ACTUALLY IS ON YOUR PROPERTY

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- Photographs of property/Property Survey
  - Any other additional information to support your claim

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ANY RENTAL DATA FOR COMPLEX				
Location/Address		Occupied/ Rented/Area	Annual Rent	Tenant Pays ex. Heat, Utilities, taxes, etc.

		\$

Property Owner expenses	
	\$
Insurance	\$
Maintenance	\$
Water	\$
Gas	\$
Electric	\$
Other	\$

Home Owner Association Annual Expense Information		Calendar Year 20 / 20		Please indicate	
most recent year					
Management		\$			\$
Legal/Professional		\$		Insurance	\$
General	Rubbish Removal	\$			
	Snow Removal	\$		Electric	\$
	Repairs/Maintenance	\$		Gas	\$
	Replacement Reserve	\$		Water	\$
	Supplies	\$		Other	\$
	Wages/Payroll	\$		Other	\$
	Cleaning	\$		Other	\$
Other	\$		Other	\$	

**USING ABOVE DATA, PLEASE PROVIDE AN INCOME APPROACH TO VALUE FOR THE COMPLEX, WITH THE APPROPRIATE ALLOCATION PER PARCEL. PROVIDE AS A SEPERATE DOCUMENT.**

Based on the analysis above/attached, I believe that the ESTIMATED ASSESSED VALUE FOR THE ENTIRE COMPLEX as of March 1<sup>st</sup> is \$\_\_\_\_\_

Based on the analysis above/attached, I believe that the ESTIMATED ASSESSED VALUE FOR THE SUBJECT PROPERTY as of March 1<sup>st</sup> is \$\_\_\_\_\_

I certify that all statements made on this application are true and correct to the best of my knowledge and belief:

Signed \_\_\_\_\_ Date \_\_\_\_\_