

Scurry CAD Apartment Survey
Actual Information

Parcel #(s) _____
 Property Name _____
 Physical Address _____

Unit Type	# of Units	Sqft/Unit	# Occupied	Monthly Rent/Unit
Studio/Efficiency				\$ _____
1 Bedroom				\$ _____
2 Bedroom				\$ _____
3 Bedroom				\$ _____

Total Units _____

Rental Information

Potential Annual Gross Income (100 % occupancy) \$ _____
 What Was The Occupancy Rate? (note % or Num of Units) _____
 Annual Actual Rent Collected Total \$ _____

Please Check All That Is Included In Rental Rate

Water ___ Trash ___ Electricity ___ Gas ___ Cable ___ Other _____

Secondary Income

Club House \$ _____
 Vending \$ _____
 Laundry \$ _____
 Carport/Cover \$ _____
 Storage Units \$ _____
 TOTAL SECONDARY INCOME \$ _____

Expenses

(Excluding Depreciation, Debt Servicing, IRS Taxes, Capital Expenditures, and Tenant paid items)

Manager \$ _____
 Other Employees for Specific Unit \$ _____
 Electricity \$ _____
 Gas \$ _____
 Water/Sewer \$ _____
 Trash unless included in above \$ _____
 Cable \$ _____
 Cleaning \$ _____
 Typical Maintenance/Repairs \$ _____
 Typical Reserve Money Spent \$ _____
 Advertising \$ _____
 Property Insurance \$ _____
 Property Taxes \$ _____
 Other Explain: _____ \$ _____
 Other Explain: _____ \$ _____
 Other Explain: _____ \$ _____

How would you describe the overall condition of these apartment units (Poor-Excellent): _____
 Last date remodeled: _____ Were all units remodeled if not how many? _____
 Number of units with need repairs? _____ If needed please attach list.

Submitted By: _____ Date: _____
 Phone: _____ Email: _____

NOTE: If needed please attach additional information such as rent rolls, IRS data, or other data that would be helpful.