

APARTMENT HOUSE PROPERTY STATEMENT
SUPPLEMENTAL SCHEDULE

PLEASE RETURN WITH THE COMPLETED STATEMENT

This worksheet has been provided to assist in the preparation of the Apartment House Property Statement. Your answers to the following questions will assist you in making sure you are completing the Statement properly. Please be sure to read the Instructions and the information provided with the Statement. If you have any questions, please call the Personal Property Division at (530) 225-3640 for assistance.

ASSESSMENT NUMBER: _____
ASSEESSEE NAME: _____
PROPERTY LOCATION: _____

APARTMENT HOUSE PROPERTY STATEMENT LINE 6: Complete this in full to account for the number of units in the complex.

APARTMENT HOUSE PROPERTY STATEMENT SCHEDULES A AND B (Page 2)

These schedules are for you to report the cost of the furniture and equipment that you own. If you do not own any part of the furniture and equipment, you will need to indicate 'Yes' for Lines 4 and/or 5 of the Apartment House Property Statement and provide the information as requested. For the furniture and equipment you own, you will report the actual cost by date of acquisition on Schedules A and B of the Apartment House Property Statement. Please note that refrigerators are the most common appliance to be provided by the landlord. Please do NOT include the cost of stoves for the kitchen as these are included in the real property value. The remaining part of this worksheet will help you determine how and where to report accurately on the Apartment House Property Statement.

When was the complex purchased? _____
Was there an allocation for Personal Property at the time of purchase? _____
What type of furniture and equipment is provided in each unit? _____
How often is the furniture and equipment replaced? _____
What is a typical replacement cost? _____

Is there an office on Site?	YES	NO
Describe Office Equipment and Furnishings _____		
IF THE COMPLEX OWNS, ITEMS NEED TO BE INCLUDED ON SCHEDULE B, OTHERWISE COMPLETE LINE 4 OF THE STATEMENT.		

Are ther laundry facilities available to the tenants?	YES	NO
Who owns the equipment? _____		
IF THE COMPLEX OWNS, ITEMS NEED TO BE INCLUDED ON SCHEDULE B, OTHERWISE COMPLETE LINE 4 OF THE STATEMENT.		

Is there a common area for the tenants?	YES	NO
What is included in the common area? _____		
Who owns the equipment and furnishings? _____		
IF THE COMPLEX OWNS, ITEMS NEED TO BE INCLUDED ON SCHEDULE B, OTHERWISE COMPLETE LINE 4 OF THE STATEMENT.		

Is there a swimming pool on site?	YES	NO
Who owns the equipment? _____		
IF THE COMPLEX OWNS, ITEMS NEED TO BE INCLUDED ON SCHEDULE B, OTHERWISE COMPLETE LINE 4 OF THE STATEMENT.		

Is there landscaping that needs to be maintained?	YES	NO
Is this maintained by personnal at the compleex?	YES	NO
IF THE COMPLEX OWNS, ITEMS NEED TO BE INCLUDED ON SCHEDULE B, OTHERWISE COMPLETE LINE 4 OF THE STATEMENT.		

Supplies (incude janitorial, pool supplies, office supplies, if relevant) _____
REPORT THE TOTAL COST OF SUPPLIES ON HAND ON LINE 7 OF THE STATEMENT.