



**Fresno County  
Assessor's Office**  
Paul Dictos, Assessor

**Real Property Division**  
P.O. Box 1146  
Fresno, CA 93715  
[assessor.co.fresno.ca.us](http://assessor.co.fresno.ca.us)  
(559) 600-3534 Option #1

**Request for Informal Assessment Review  
Multi-Residential Properties**

Parcel Number(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

**IMPORTANT** Please submit this form (and/or additional supporting documentation) by **May 1st**.  
For additional information call (559) 600-3534 Option #1, weekdays between 9 A.M. and 4 P.M.

**MAIL:** Fresno County Assessor's Office, **Attn: Commercial Division**, P.O. Box 1146, Fresno, CA 93715  
**FAX:** (559) 600-1483  
**E-MAIL:** [rp.commercial@fresnocountyca.gov](mailto:rp.commercial@fresnocountyca.gov)

**Note:** In lieu of completing any portion of this form, you may attach the following:

- Current year pro-forma or budget
- 2 years historical income and expense statements

**RENT ROLL / SCHEDULE DETAIL**

PLEASE ATTACH A COPY OF THE RENT SCHEDULE. (Include units occupied by the owner, manager, and employees). If a Mixed-Use property – please provide a separate rent roll for non-residential tenant spaces.

Number of Units	Type of Unit		Monthly Rent		Comments	Status	
	Bedrooms	Baths	Unfurnished	Furnished		# Occupied	# Vacant
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			

**PLEASE COMPLETE BACK OF STATEMENT**

**INCOME & EXPENSES (OPERATING STATEMENT)**

See attached copy of actual income & expense statement and/or anticipated income & expense statement;

**OR**  Please see itemized income and expenses below.

<b>INCOME:</b>	<b>Actual</b>	<b>Anticipated</b>	<b>Line Item Comments</b>
Gross Unit Rents (Potential or Actual)			
Parking Income (if any)			
Gross Income (Units + Parking)			
Vacancy & Collection Loss (deduction)			
Effective Gross Income (Collections)			
Other Income (Laundry, etc.)			
Other:			
<b>TOTAL INCOME</b>			

**EXPENSES:**

Management (Professional Services)			
Payroll / Onsite Manager			
Administrative			
Marketing / Promotion			
Utilities			
Repairs & Maintenance			
Contracted Services			
Cleaning / Turnover Costs			
Insurance			
Reserve for Replacements			
Other:			
Other:			
<b>TOTAL EXPENSES</b>			
<b>NET OPERATING INCOME</b>			

**REMARKS:**

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I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
E-MAIL ADDRESS