

Pulaski County

**Residential Single Family Rental Questionnaire**

**\*\*\*CONFIDENTIAL INFORMATION\*\*\***

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**UTILITIES PAID (Circle One) Monthly Average if paid by landlord**

Monthly Rent \_\_\_\_\_ Water Tenant/Landlord \_\_\_\_\_

Months Vacant \_\_\_\_\_ Gas Tenant/Landlord \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Electric Tenant/Landlord \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

**Parking (Check one)**

**Appliance Provided (Check all that apply)**

Garage

Stone

Off Street

Refrigerator

On Street

Washer/Dryer

**Answer Yes or No**

1. Rented to a family member or friend? \_\_\_\_\_
2. Property is rent to own? \_\_\_\_\_

**A copy of the current lease is requested if one is not already on file with our office. Per IC 6-1.1-35-9, any information pertaining to income and expense is constitutionally protected and will remain confidential.**

**Lorena H. (Holly) Van Der Aa**

**Pulaski County Assessor**

**112 E Main St., Room 300**

**Winamac, IN 46996**

**574-946-3845**

**574-946-7648 (fax)**

**Email: [pulaskiassessor@pulaskicounty.in.gov](mailto:pulaskiassessor@pulaskicounty.in.gov)**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pulaski County  
Residential Multi-Unit Rental Questionnaire

\*\*\*CONFIDENTIAL INFORMATION\*\*\*

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**\*Please complete one section per unit. List additional units on page 2 or attach more pages as needed.**  
**\*\*A copy of the current lease is requested if one is not already on file with our office. Per IC 6-1.1-35-9, any information pertaining to income and expense is constitutionally protected and will remain confidential.**

**Unit 1**

**Unit Type** (Check all that apply):  Main  Upper  Lower/Basement  Front  Rear  Side by Side

**Monthly Rent** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Months Vacant** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Parking** (Check one):  Garage  Off Street  On Street

<b>Utilities paid</b>	<b>(Circle One)</b>	<b>Monthly Average</b> if paid by landlord	<b>Appliances Provided (Apply)</b>
Water	Tenant/Landlord	_____	<input type="checkbox"/> Stove
Gas	Tenant/Landlord	_____	<input type="checkbox"/> Refrigerator
Electric	Tenant/Landlord	_____	<input type="checkbox"/> Washer/Dryer

**Check all that apply**

This unit is rented to a family member or friend  This unit is the owner's primary residence

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**Unit 2**

**Unit Type** (Check all that apply):  Main  Upper  Lower/Basement  Front  Rear  Side by Side

**Monthly Rent** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Months Vacant** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Parking** (Check one):  Garage  Off Street  On Street

<b>Utilities paid</b>	<b>(Circle One)</b>	<b>Monthly Average</b> if paid by landlord	<b>Appliances Provided (Apply)</b>
Water	Tenant/Landlord	_____	<input type="checkbox"/> Stove
Gas	Tenant/Landlord	_____	<input type="checkbox"/> Refrigerator
Electric	Tenant/Landlord	_____	<input type="checkbox"/> Washer/Dryer

**Check all that apply**

This unit is rented to a family member or friend  This unit is the owner's primary residence

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**Unit 3**

**Unit Type** (Check all that apply):  Main  Upper  Lower/Basement  Front  Rear  Side by Side

**Monthly Rent** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Months Vacant** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Parking** (Check one):  Garage  Off Street  On Street

<b>Utilities paid</b>	<b>(Circle One)</b>	<b>Monthly Average</b> if paid by landlord	<b>Appliances Provided (Apply)</b>
Water	Tenant/Landlord	_____	<input type="checkbox"/> Stove
Gas	Tenant/Landlord	_____	<input type="checkbox"/> Refrigerator
Electric	Tenant/Landlord	_____	<input type="checkbox"/> Washer/Dryer

**Check all that apply**

This unit is rented to a family member or friend  This unit is the owner's primary residence

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**Unit 4**

**Unit Type** (Check all that apply):  Main  Upper  Lower/Basement  Front  Rear  Side by Side

**Monthly Rent** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Months Vacant** \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

**Parking** (Check one):  Garage  Off Street  On Street

<b>Utilities paid</b>	<b>(Circle One)</b>	<b>Monthly Average</b> if paid by landlord	<b>Appliances Provided (Apply)</b>
Water	Tenant/Landlord	_____	<input type="checkbox"/> Stove
Gas	Tenant/Landlord	_____	<input type="checkbox"/> Refrigerator
Electric	Tenant/Landlord	_____	<input type="checkbox"/> Washer/Dryer

**Check all that apply**

This unit is rented to a family member or friend  This unit is the owner's primary residence

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**\*Attach more pages as needed**

**Lorena H. ("Holly") Van Der Aa**

**Pulaski County Assessor**

112 E Main St., Room 300

Winamac, IN 46996

574-946-3845

574-946-7648 (Fax)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_