

Under the provisions of law any person* aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. No appeal shall be heard by the board unless appellant shall first have filed the appeal and required documents, as set forth by law. Annual appeals must be filed by September 1. Rules & Regulations can be seen at www.ccpa.net (*) includes taxing districts

Record Owner(s) Name _____

Address _____

Site Location of Property Subject of Appeal: _____

Assessors Tax Map Identification #: _____
Number Street Borough/Township

Assessment _____ Opinion of Market Value of this Property _____

Date Purchased _____ Purchase Price _____

State reasons for filing this appeal: _____

Property Type: Check and Complete Proper Classification:

Commercial: Use _____

Gross Square Ft. _____ Square Ft Rentable Area _____

Owner Occupied _____ Tenant Occupied _____

If Leased: Annual Rent _____ Date Constructed _____

Office: Gross Square Ft. _____ Square Ft Rentable Area _____

Owner Occupied _____ Tenant Occupied _____

If Leased: Annual Rent _____ Date Constructed _____

Industrial: Total Square Ft. _____ Square Ft Rentable Area _____

Square Ft. Plant Area _____ Owner Occupied _____

Tenant Occupied _____ If Leased: Annual Rent _____

Lease Type: Net _____ Gross _____ Combination _____ Date Constructed _____

Other: Use _____

Gross Square Ft. _____ Owner Occupied _____ Tenant Occupied _____

If Leased: Annual Rent _____ Date Constructed _____

“ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME & EXPENSE FORM”

Certificate of Appeal

I/we hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4504, relating to unsworn falsification to authorities.

Signed: _____ Date: _____

_____ Phone #: (Home) _____

Owner(s) of Record (Day/Office) _____

All Notices of these proceedings shall be mailed to:

Name: _____

Office Use Only Address: _____

Fee _____

GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS

	20__	20__	20__
Projected income 100% occupies including value of rent-free units	\$ _____	\$ _____	\$ _____
Actual income received	\$ _____	\$ _____	\$ _____
Vacancy	\$ _____	\$ _____	\$ _____
Actual Other Income List by Type:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Actual Income Received	\$ _____	\$ _____	\$ _____

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

Gross Annual Expenses				Items Include in Rent	
FIXED EXPENSES	Real Estate Taxes	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Heating
	Insurance	_____	_____	_____	<input type="checkbox"/> Air Conditioner
	Land Rent	_____	_____	_____	<input type="checkbox"/> Electricity
	Other	_____	_____	_____	<input type="checkbox"/> TV Cable
OPERATIONAL EXPENSES	Electricity	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Water
	Telephone	_____	_____	_____	<input type="checkbox"/> Carpet
	Gas	_____	_____	_____	<input type="checkbox"/> Drapes
	Water & Sewer	_____	_____	_____	<input type="checkbox"/> Range
	Trash Removal	_____	_____	_____	<input type="checkbox"/> Refrigerator
	Heating	_____	_____	_____	<input type="checkbox"/> Dishwasher
	Manager's Salary	_____	_____	_____	<input type="checkbox"/> Garbage
	Fees	_____	_____	_____	<input type="checkbox"/> Disposal
	Legal & Accounting	_____	_____	_____	<input type="checkbox"/> Parking
	Payroll Taxes	_____	_____	_____	<input type="checkbox"/> Pool
	Group Insurance	_____	_____	_____	<input type="checkbox"/> Rec. Facility
	Advertising	_____	_____	_____	<input type="checkbox"/> OTHER:
	Wages & Salaries	_____	_____	_____	<input type="checkbox"/> _____
	Supplies	_____	_____	_____	<input type="checkbox"/> _____
	Maint. & Repair	_____	_____	_____	<input type="checkbox"/> _____
	Replace Reserve	_____	_____	_____	<input type="checkbox"/> Furniture
Other	_____	_____	_____	# of Furnished Units: _____	

				Furniture in Units Owned by:	
TOTAL EXPENSES	\$ _____	\$ _____	\$ _____		

Please use additional pages for any other remarks relative to the property.

- Bldg. Owner
- Rental Co.
- Other