

Hancock County
Residential Rental Form
CONFIDENTIAL INFORMATION

Owner:

Phone:

Email:

Fax:

Mailing Address:

Property Address:

Property Type
Enter "Yes" under the type
that matches your property.

	Duplex	Triplex	4-6 Family	Other

Monthly Rent (Per Unit)

Bedroom Count (Per Unit)

Bathroom Count (Per Unit)

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
Monthly Rent (Per Unit)	\$	\$	\$	\$	\$
Bedroom Count (Per Unit)					
Bathroom Count (Per Unit)					

Any additional information considered helpful for assessment purposes (tenant is a family member/friend, property is also owner's primary residence, property is "rent to own," etc):

Owner Signature:

Date:

Please submit form via mail, fax, e-mail or in person to:

Hancock County Assessor

111 American Legion Place - Suite 204

Greenfield, IN 46140

Fax: (317) 477-1104

Questions? Please call: (317) 477-1102

Or contact by e-mail to: Ashley.Shields@hancockin.gov