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Multi-Family Specialist

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If you would like a **NO OBLIGATION**
Real Estate Review of your park/community, please
fill out the information below and mail or fax, along with
any additional documents you wish to send. All information
is **strictly confidential** and will be returned to you if you wish.

Owner Information:

First Name: _____ Last Name: _____

Street Address: _____ City, State & Zip: _____

Phone, Fax, Email/website: _____

Park/Community Information:

Property Name: _____ Street Address: _____

City, State & Zip: _____

Year Built: _____ # of sites: _____ # of sites vacant: _____

Annual Gross Income: _____ Other Income: _____ Lot Rent: _____

How are collections?
 Excellent Good Fair

Rent increase planned for this year?
 Yes No

If yes, what month and how much? _____ Number of park owned homes: _____

Taxes: _____ Insurance: _____ Maintenance & Repairs: _____

Snow: _____ Lawn: _____ Water: _____ Sewer: _____

Electric: _____ Gas: _____ Garbage: _____

City Utilities?

Is water sub-metered?

Do you have a Manager?

Yes No

Yes No

Yes No

Management cost: _____

Please indicate your purpose for the Market Evaluation:

_____ Refinance _____ Real Estate Tax Appeal _____ Making a Financial Statement

_____ Insurance _____ Selling