

1. Personal details:			
a) Name of property owner:			
h) Decidential address:			
b) Residential address:			
c) Email address:			
d) Contact number:			
e) Alternate phone number:		_	
2. Property Details: a) Address of investment property:			
Please include suburb, state and postcode.		h	
b) Type of property (house, apartment, granny fl		_	_
c) Was the property built under your ownership:		☐ Yes	□ No
If No:	If Yes	:	
Purchase price: \$	Build	cost: \$	
Build cost (if known): \$	Date o	of completion:	
Date of exchange:	Date o	of first lease:	
Date of settlement:	*please attach a copy of your build contract if		
Date of first lease:	availa	ble.	
Age of property if known:			
d) Have you occupied the property for any period e) Has the property been renovated either by you			□ No □Yes □No
If yes, please provide details:	·		
Details of works (add more rows if required or a summary document)	attach	Cost of works	Date of works
If works carried out by previous owners, please pr	ovide de	 tails of works you he	lieve have heen

If works carried out by previous owners, please provide details of works you believe have been carried out, exact dates and costs are not required unless known.

Please note that due to ATO regulations, we will be required to sight tax invoices for any renovations to be included if you upgrade to the full report.



## **FREE ESTIMATE**

f) Have you provided any fu	rniture for the tenan	ts' use:	□Yes	No
If yes, please provide details	:			
Furniture Item (add more summary document)	rows if required or a	ttach Co	st of item	Date of purchase
Please note that due to ATO	regulations we will h	e required to s	iaht tax invoices	s for any furniture
items to be included if you u and/or first rented after 1/7, of lease.	pgrade to the full repo	ort. If your prop	perty was purch	ased after 9/5/17
3. Silver Checklist:				
a) Is the property part of a d	complex?		☐ Yes	S ⊠ No
•	sidences in the comp ed by looking at the nu		 oxes at the fron	t of the complex.
Total number of flo	ors in the building: _			
b) Standard/ Quality of con	struction:			
Construction metho ☐ Double Brick Cav		nerboard Cladd	ling	
☐ Brick Veneer	☐ Prefab	oricated Home		
Estimated construct This considered the s finishes, materials, e	standard of fitout and	finish, includir	ng quality of app	oliances, floor
☐ Basic	$\square$ Medium	☐ High	า	☐ Prestige
c) Number of rooms:				
Bedrooms:	-		_	
Bathrooms:	_			
Kitchens:	-			
Loungerooms:	-			
Dining Rooms:	_			
Laundries:	_			
Garages:	_			
Car spaces/ underco	over parking:			
Covered pergola:	□ Yes □	□ No		
Other Rooms (pleas	e specify in detail):			





d) Hydi	raulic services (Plumbing, D	raining and G	as Fitting	g):		
	Hot Water service:	Gas	☐ Electi	ric	☐ Sola	r
	Pumps:	Yes	□ No			
	If yes, number of pumps:					
	Rainwater tanks: $\Box$	Yes	□ No			
	If yes, material of tank:					
	Ducted Gas Heating:	Yes	□ No			
e) Air C	Conditioning:					
	<b>Ducted Air Conditioning:</b>			□ Yes		□ No
	Split System Air Conditioni	ng:		☐ Yes		□ No
	If yes, number of systems:					
	Room/window mounted A	ir Conditioni	ng Units:	: □ Yes		□No
	If yes, number of systems:					
f) Elect	rical services:					
	Intercom:		$\square$ Yes		□ No	
	If yes, type of intercom:	☐ Audio	0	□ Video	)	
	<b>Ducted Vacuum System:</b>		☐ Yes		□ No	
	Burglar Alarm/ Security Sy	stem:	☐ Yes		□ No	
	Access Control Systems:		☐ Yes		□ No	
	CCTV Systems:		☐ Yes		□ No	
	Television Antenna – frees	tanding:	☐ Yes		□ No	
	Ceiling Fans:		☐ Yes		□ No	
	If yes, number of ceiling far	าร:				





g) Fire	Services:				
	Hydrant Booster Pump	<b>)</b> :	☐ Yes	$\square$ No	
	Fire Alarm – Bell:		☐ Yes	$\square$ No	
	Fire Indicator Panel:		☐ Yes	$\square$ No	
	Emergency Warden Intercom Speaker		s: □ Yes	□ No	
	Fire hose Reel and No	zzles:	☐ Yes	□ No	
	Fire Alarm – Heat/smo	ke	☐ Yes	□ No	
	Detectors:		☐ Yes	□ No	
	Fire extinguishers:		☐ Yes	□ No	
h) Kitc	hen Appliances:				
	Type of benchtop:				
	☐ Granite	☐ Reconstitute	ed Stone	$\square$ Laminate	
	☐ Timber	☐ Other – plea	ase specify:		
	Cooktop:		☐ Yes	$\square$ No	
	If yes, type of cooktop:	$\square$ Gas	☐ Electric	☐ Ceramic	☐ Induction
	Underbench/wall over	n:	☐ Yes	$\square$ No	
	<b>Upright Stove:</b>		☐ Yes	$\square$ No	
	Rangehood:		☐ Yes	$\square$ No	
	Dishwasher:		☐ Yes	$\square$ No	
	Electric Water Filter:		☐ Yes	$\square$ No	
	Garbage Disposal Unit	(Insinkerator):	☐ Yes	$\square$ No	
	Comments:				
i) Bedr	ooms:				
	Built in wardrobes:		☐ Yes	□ No	
	Comments:				





O	O					
j) Bathroom/Ensuite Assets:						
Freestanding accessories: Includes shower caddies, soap ho	$\square$ Yes lders, toilet brushes)	□ No				
Shower Curtains:	☐ Yes	$\square$ No				
Exhaust Fans:	☐ Yes	□ No				
Spa Bath:	☐ Yes	$\square$ No				
Heated Towel Rack:	☐ Yes	$\square$ No				
Comments:						
k) Laundry assets:						
Washing Machine:	☐ Yes	□ No				
Electric Clothes Dryer:	☐ Yes	□ No				
I) Floor Finishes:						
Carpet:	☐ Yes	□ No				
If yes, specify which rooms:						
Vinyl:	☐ Yes	□ No				
If yes, specify which rooms:						
Prefinished/floating timber floor	rs: 🗆 Yes	$\square$ No				

If yes, specify which rooms:

If yes, specify which rooms: \_\_\_\_\_\_

If yes, specify which rooms: \_\_\_\_\_\_

If yes, specify which rooms, and what material: \_\_\_\_\_

**Polished Timber:** 

Other:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No





m) Window Coverings: ☐ Yes ☐ No Blinds: ☐ Metal Venetians ☐ Timber Verticals Type: 

Fabric Verticals ☐ Block out Screens ☐ Roller Blinds ☐ Other (detail below) Specify which rooms have blinds: ☐ Yes □No **Curtains:** Type: ☐ Lace ☐ Premade Curtains ☐ Custom Made Curtains Specify which rooms have curtains: \_\_\_\_\_ n) External Equipment: **Tennis Court:** ☐ Yes ☐ No If Yes, material on court: \_\_\_\_\_ ☐ Yes □ No **Swimming pool:** If yes, method of heating: \_\_\_\_ Pool Cover: ☐ Yes □ No ☐ Yes Sauna: □ No Common BBQ Area: ☐ Yes ☐ No **Motorised Pergola Louvres:** ☐ Yes ☐ No **Motorised Window Shutters:** ☐ Yes ☐ No **Solar Garden Lights:** ☐ Yes ☐ No ☐ Yes Free-standing shed: ☐ No If yes, approximate size: \_\_\_\_\_ m<sup>2</sup> Motorised garage door/boom gate:  $\square$  Yes □ No ☐ Yes Automatic irrigation system: □ No ☐ Yes □ No **Solar Panels:** If yes, approximate size in kw: Installation costs after rebate: \$\_\_\_\_ o) Common Area Property: Gym: ☐ Yes □ No If yes, number of cardiovascular equipment: Number of resistance equipment: **Elevators:** ☐ Yes □ No

**Garbage Chute:** 

☐ Yes

□ No



## 5. Authorisation:

Should you wish to proceed, please sign below to confirm:

I/We the undersigned hereby accept terms and conditions as listed on <a href="https://www.mydepreciation.com.au/terms.php">https://www.mydepreciation.com.au/terms.php</a> and authorise My Depreciation Pty Ltd to create a depreciation estimate on my property for FREE.

Sign here:		Date://	
If you are comple	eting the forms on a computer, you i	may print your name instead of signin	g.

# 5. Submitting your forms:

Upon receipt of your forms, an SMS will be sent to you within approximate one business day containing your estimate of your first full year of depreciation.

Please complete the above form and forward to our Head Office via:

### **EMAIL:**

info@mydepreciation.com.au

## **POST:**

My Depreciation PO Box 255 Hurstville NSW 1481

#### **OFFICE LOCATIONS:**

Level 20 & 21, Tower 2 Darling Park, 201 Sussex Street, **Sydney** NSW 2000 Level 13, 50 Cavill Avenue, **Surfers Paradise**, Gold Coast, QLD 4217 Level 14, 380 St Kilda Road, **Melbourne** VIC 3004 Level 29, 221 St Georges Terrace, **Perth** WA 6000 Level 21, 25 Grenfell Street, **Adelaide** SA 5000