

**SELF-REPORTING ASSESSMENT FORM (2021AY) -YELLOW MEDICINE COUNTY**

**Name:** \_\_\_\_\_

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

**Note: Form must be completed in Adobe Reader or Adobe Acrobat**

**Parcel Identification Number** (On letter or tax statement: Example XX-XXX-XXXX): \_\_\_\_\_

**Contact Information:** Connie J Erickson—Yellow Medicine County Assessor  
180 8<sup>th</sup> Avenue  
Granite Falls, MN 56241

**Telephone:** (320) 564-3132

**Email:** [connie.erickson@co.ym.mn.gov](mailto:connie.erickson@co.ym.mn.gov)

**Yellow Medicine Website:** [www.co.ym.mn.gov](http://www.co.ym.mn.gov)

**Select ALL that apply**

**Type of House** (above ground):

- 1 Story       1 ½ Story  
 2 Story       Split Foyer  
 Split Level     Manufactured  
 Other: \_\_\_\_\_

**Overall Condition:**

- Excellent     Very Good     Normal  
 Below Normal  Poor             Very Poor  
 Unlivable

**Foundation:**

- Concrete Block    Concrete Pour Walls  
 Concrete Slab    Wood             Other: \_\_\_\_\_

**Do you have:**

- No Basement    Crawl space less than 4' high  
 Crawl space 4' to 6'    Full Basement

**Flooring Type:**

- Laminate    Tile       Hardwood    Softwood  
 Linoleum    Carpet    DuraCeramic

**# Bedrooms:**

Basement/Lower Level	1	2	3	4	5
First Story/Main Level	1	2	3	4	5
Second Story/Above Main	1	2	3	4	5

**# Bathrooms:**

Basement/Lower Level	1	1 ½	2	2 ½	3
First Story/Main Level	1	1 ½	2	2 ½	3
Second Story/Above Main	1	1 ½	2	2 ½	3

**Location of Living Room(s):**

- Basement     1<sup>st</sup> Story     2<sup>nd</sup> Story

**Location of Kitchen(s):**

**Exterior Siding:**

- Vinyl             Wood     Steel/Aluminum  
 Brick/Stone    Log         Half Log  
 Cedar             Stucco  
 Cement Board  LP Smartside  
 Concrete       Other: \_\_\_\_\_

**Roof Type:**

- Gable    Hip    Gambrel    Flat    Shed  
 Mansard

**Roof Cover:**

- Asphalt Shingles       Wood  
 Lap Metal/Steel       Tar and Gravel  
 Slate/Tile               Rubber  
 Other: \_\_\_\_\_

**Windows:**

- Wood                       Vinyl/Aluminum  
 Decorative/Transom    Egress

- Basement     1<sup>st</sup> Story     2<sup>nd</sup> Story

**Location of Laundry Room(s):**

- Basement     1<sup>st</sup> Story     2<sup>nd</sup> Story

**Location of Office Room:**

- Basement     1<sup>st</sup> Story     2<sup>nd</sup> Story

**Interior Heat Type:**

- Forced Air    Electric Baseboard    GEO Thermal  
 Floor/Wall Furnace    Hot Water    Gravity  
 Heat Pump    In-Floor Heat         Space Heater  
 No Heat       Other: \_\_\_\_\_

**Interior Heat Fuel:**

- Natural Gas    Propane    Fuel Oil    Electric  
 Wood    Other: \_\_\_\_\_

**Interior Miscellaneous Features:**

*(only if applicable)*

- Quartz/Granite/Tile Countertops
- Vaulted Ceilings
- Wood/Drywall Finishing
- Interior Fireplace Surround
- Indoor Sprinkler System
- Indoor Pool
- Recessed Lights
- Solid Panel Doors
- Custom Woodwork
- Central Vac System

**Interior Basement Finish:**

- Unfinished
- Wood Ceiling
- Entire Basement Open (no walls)
- Drywall Ceiling
- Panel Walls

- Drywall Walls
- Few Walls/Rooms
- Dry Bar
- Wine Cellar
- Indoor Pool
- Electric Wall Heat
- 8' Ceiling Height
- Under 8' Ceiling Height
- Wood Walls
- Several Walls/Rooms
- Wet Bar
- Sauna
- Theater Room
- In-Floor Heat
- Over 8' Ceiling Height

**Basement Finish Amount:**

- None
- 75% Finish
- 25% Finish
- Other: \_\_\_\_\_
- 50% Finish

**Garage:**

- Attached
- Detached # Stalls: \_\_\_\_\_

**Garage Miscellaneous:**

- Insulated
- In-Floor Heat
- Electricity
- Basement Access
- Floor Drain
- Plumbing/Bathroom
- Lined
- Forced Air Heat
- Concrete Floor
- Kitchen
- A/C
- Bonus Room Above

**Garage Overall Condition:**

- Excellent
- Below Normal
- Very Good
- Poor
- Normal
- Very Poor

**Garage Siding:**

- Vinyl
- Steel/Aluminum
- Log
- Cement Board
- Concrete
- Cedar
- Wood
- Brick/Stone
- Half Log
- Smart LP
- Stucco
- Other: \_\_\_\_\_

**Garage Roof Cover:**

- Asphalt
- Tar and Gravel
- Wood
- Slate/Tile
- Metal/Steel
- Rubber
- Other: \_\_\_\_\_

**House Updates or Remodel**

*Please enter approximate year of update or remodel*

<b>Siding</b>	_____
<b>Roof</b>	_____
<b>Windows</b>	_____
<b>Heating/AC</b>	_____
<b>Electrical</b>	_____
<b>Plumbing</b>	_____
<b>Sheetrock/Insulate</b>	_____
<b>Kitchen</b>	_____
<b>Bathroom</b>	_____
<b>Floor Covering</b>	_____

**Building Additions or Removals**

Have you had any building additions or removals in the last five years?  YES  NO

*If yes, please list size of new additions, size of new buildings and size of buildings removed below:*