



Self Assessed Property Depreciation Form

Please complete and
return the attached
application form

Check list

It is recommended to prepare the following information before you start:

- Purchase or construction cost and date
- Capital works from previous & current owners
- Contract of Sale (highly recommended)
- Floor Plan (highly recommended)
- Blind or curtain dimension
- Furniture list (If you have)
- Floor area

I. INVESTMENT PROPERTY DETAILS

Property Address

Please enter your full property address

Street Address: _____

Suburb: _____

Postcode: _____

Property Owner's name(s)

Please select the type of property

House Town/terrace House

Lowrise Unit Highrise Unit

Floor Area

To increase accuracy of the report, please enter the floor area of the property in square metres

Flooring type	Area(m2)
Timber Floor	<input type="text"/>
Carpet	<input type="text"/>
Vinyl	<input type="text"/>
Artificial Grass	<input type="text"/>
Gross Floor	<input type="text"/>

2. COSTS & DATES

Cost

Purchase Price	<input type="text"/>
Construction Cost	<input type="text"/>
Stamp duty	<input type="text"/>
Legal fees	<input type="text"/>
Land value	<input type="text"/>

Dates

Contract date (Approx.)	<input type="text"/>
Settlement date (Exact)	<input type="text"/>
Handover date (if you engaged a builder)	<input type="text"/>
How old is the property?	<input type="text"/>

Have you live in the property?

No Yes

If yes, please state the date the property available for rent:

3. PROPERTY IMPROVEMENT

Typical property improvements may include: Painting, New Kitchen / Bathroom, Pergola, Replacing blinds, Replacing appliance and equipment and the like

List works completed by previous owner (if known)

Item	Date	Estimated Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List works completed by current owner

Item	Date	Estimated Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you rent the property furnished?

No Yes

If yes, please provide the following details:

Item	Number	Cost	Purchase date
TV			
TV set			
Bed and mattress			
Bed linen			
Bedside table			
Bedside lamp			
Dining table and chair			
Sofa			
Artwork			
Microwave			
Fridge			
Other small kitchen appliance			
Iron			
Washing machine			
Dryer			
Bins and brooms			
Other items			

Attach furniture list

4. SERVICES

Hot Water Services

Item

Central Ducted System Yes

Gas Yes

Solar Yes

Electric Yes

Air Conditioning System

Evaporative Cooling Yes

Ducted Air Conditioning Yes

Item

Ducted Gas Heating System Yes

Split system Yes Quantity: _____

Room/Wall unit Yes Quantity: _____

Electrical Services

Item

Number

Intercom

Burglar/Security Alarm

Access Control System

4. SERVICES (Cont.)

Item	Number.
NBN	<input type="text"/>
CCTV (Total number)	<input type="text"/>
Ceiling fans (Total number)	<input type="text"/>
Ceiling fans with light Lights (Total number)	<input type="text"/>

Fire Services

Item	Number.
Smoke Detector	<input type="text"/>
Evacuation Speaker (EWIS)	<input type="text"/>
Speaker Security System	<input type="text"/>

5. Kitchen

Kitchen Appliances

Item	Number.
Rangehood	<input type="text"/>
Oven	<input type="text"/>
Dishwasher	<input type="text"/>
Cook top	<input type="text"/>
Upright Stove	<input type="text"/>
Built-in Microwave	<input type="text"/>
Other Assets	<input type="text"/>

6. BATHROOM & LAUNDRY

Bathroom/Ensuite assets

Item	Number.
Vanity Unit	<input type="text"/>
Heat Lamp	<input type="text"/>

Item	Number.
Exhaust Fans	<input type="text"/>
Heated Towel Rail	<input type="text"/>
Spa Bath	<input type="text"/>
Shower Curtain	<input type="text"/>
Other Assets	<input type="text"/>

Laundry

Item	Number.
Washing Machine	<input type="text"/>
Clothes Dryer	<input type="text"/>

7. EXTERNAL

External assets

Item	Number.
Swimming pool	<input type="text"/>
BBQ	<input type="text"/>
Garden lighting	<input type="text"/>
Auto garage door	<input type="text"/>
Garden Shed	<input type="text"/>
Solar power system (Number of panels)	<input type="text"/>
Watertank	<input type="text"/>
Paving area	<input type="text"/>
Timber deck area	<input type="text"/>
Driveway area	<input type="text"/>

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8. WINDOW COVERINGS

Blinds & Curtains

Blind	Height x Width	Number.	Curtain	Height x Width	Number.

9. COMMON AREAS

If your property is not part of a strata which includes common areas, skip this section

Item	Number.
Number of units in complex	<input type="text"/>
Main lobby area (sq.m)	<input type="text"/>
Floor lobby area (sq.m)	<input type="text"/>
Carpets (Lobby/corridors)(sq.m)	<input type="text"/>
Number of floors (Grd floor up)	<input type="text"/>
Number of basement floors	<input type="text"/>
Number of staircases	<input type="text"/>
Lifts	<input type="text"/>
Reception	<input type="text"/>
Swimming pool	<input type="text"/>
Gym	<input type="text"/>
Spa	<input type="text"/>
Shared Hot Water	<input type="text"/>
Security System	<input type="text"/>

Item	Number.
Sprinklers	<input type="text"/>
Fire Hose Reels	<input type="text"/>
Fire Hydrants	<input type="text"/>
Fire extinguisher	<input type="text"/>
BBQ Area	<input type="text"/>
Sauna	<input type="text"/>
Garbage Chute	<input type="text"/>

CONTACT DETAILS

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone	<input type="text"/>
Mobile	<input type="text"/>
Postal Address	<input type="text"/>

Please email the form to:

accounts@koste.com.au

We will contact you shortly to arrange payment.
Thank you!



www.koste.com.au

1300 669 400

