NURSING HOME INCOME QUESTIONNAIRE

FOR THE 36 MONTHS FROM: 2022 TO 2024

NAME AND LOCATION OF PROPERTY **OWNER AND ADDRESS OF RECORD**

GROSS FLOOR AREA _____
TOTAL # OF ROOMS _____
TOTAL # OF PRIVATE BEDS _____
TOTAL # OF SEMI-PRIVATE BEDS _____
TOTAL # OF SUBSIDIZED BEDS _____
TOTAL # OF BEDS _____

PRIVATE PAY: 1. PRIVATE ROOM DAILY RATE _____
2. SEMI-PRIVATE DAILY ROOM _____
GOVERNMENT SUBSIDIZED DAILY ROOM RATE _____
SERVICES PROVIDED IN DAILY RATE _____
ATTACH LIST & EXPLAIN) _____
ANNUAL OCCUPANCY RATE _____

PLEASE ATTACH A CURRENT BALANCE SHEET FOR DEFINED INTANGIBLE ASSETS WITH ASSIGNED VALUES.
ACTUAL INCOME & EXPENSES ARE REQUIRED. AN ITEMIZED COMPUTER PRINTOUT MAY BE ATTACHED IN LIEU OF FILLING OUT THIS SECTION, SUBJECT TO REVIEW.

REVENUE FROM OPERATIONS:	**2022**	**2023**	**2024**
1. ROOM & BOARD	$_____	$_____	$_____
2. ANCILLARY SERVICES	$_____	$_____	$_____
3. OTHER INCOME (LIST)	$_____	$_____	$_____
4. LOSS DUE TO VACANCY OR BAD DEBT	$_____	$_____	$_____
5. TOTAL OPERATING INCOME (LINES 1-4)	$_____	$_____	$_____
OPERATING EXPENSES:			
6. ADMINISTRATIVE COST (LIST)	$_____	$_____	$_____
7. MANAGEMENT FEE	$_____	$_____	$_____
8. ELECTRICITY & UTILITIES	$_____	$_____	$_____
9. HOUSEKEEPING, LAUNDRY & LINEN	$_____	$_____	$_____
10. DIETARY	$_____	$_____	$_____
11. NURSING & PATIENT CARE	$_____	$_____	$_____
12. SOCIAL SERVICES & ACTIVITIES	$_____	$_____	$_____
13. MAINTENANCE & REPAIRS (LIST)	$_____	$_____	$_____
14. RENT	$_____	$_____	$_____
15. MISCELLANEOUS EXPENSES (LIST)	$_____	$_____	$_____
16. INSURANCE	$_____	$_____	$_____
17. RESERVES FOR REPLACEMENTS (LIST)	$_____	$_____	$_____
18. TOTAL OPERATING EXPENSES	$_____	$_____	$_____
OTHER EXPENSES:			
19. FURNITURE, FIXTURES & EQUIPMENT	$_____	$_____	$_____
20. REAL ESTATE TAXES	$_____	$_____	$_____
21. BUILDING DEPRECIATION	$_____	$_____	$_____
22. MORTGAGE INTEREST PAYMENT	$_____	$_____	$_____
23. CAPITAL IMPROVEMENTS (LIST)	$_____	$_____	$_____

MORTGAGE/SALES INFORMATION:

1. IS THERE A CURRENT MORTGAGE ON THE PROPERTY? Yes _____ No _____ IF YES, PLEASE PROVIDE THE FOLLOWING DATA:

NAME OF MORTGAGEE	**LOAN AMOUNT**	**MONTHLY PAYMENT**	**INTEREST RATE**	**TERM OF MORTGAGE**

2. PLEASE PROVIDE: DATE PURCHASED _____ **CONSIDERATION** _____

3. IS THERE A CONTROLLING LEASE OR MANAGEMENT AGREEMENT? ( ) YES ( ) NO

IF SO, SUMMARIZE THE TERM AND CONDITIONS OF THE AGREEMENT TYPE: ( ) MANAGEMENT ( ) LEASE ( ) SALE-LEASEBACK

LESSEE OR MANAGEMENT COMPANY: _____ **DATE** _____ **TERM** _____ **FEE** _____

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THE CONTENTS OF THIS FORM AND ALL THE ACCOMPANYING SCHEDULES AND STATEMENTS HAVE BEEN EXAMINED BY ME AND ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Owner's Signature	**Title of Signer**	**Date**
Print/Type Name of Signer	**Phone Number**	**Email**