

NURSING HOME INCOME QUESTIONNAIRE

FOR THE 36 MONTHS FROM: 2023 TO 2025

PROPERTY AND OWNERSHIP INFORMATION:

- 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.

ANNUAL INCOME AND EXPENSES: ACTUAL INCOME & EXPENSES ARE REQUIRED. AN ITEMIZED COMPUTER PRINTOUT MAY BE ATTACHED IN LIEU OF FILLING OUT THIS SECTION, SUBJECT TO REVIEW.

ANNUAL INCOME	2023	2024	2025
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	2023	2024	2025
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 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