

**ASSISTED LIVING INCOME QUESTIONNAIRE
FOR THE 36 MONTHS FROM: 2023 TO 2025**

PROPERTY AND OWNERSHIP INFORMATION:

- Name and Location of Property:

- Owner and Address of Record:

RENT SCHEDULES:	# UNITS	BATH/UNITS	2023 RENT/MO.	2024 RENT/MO.	2025 RENT/MO.
EFFICIENCY					
1 BEDROOM					
2 BEDROOM					
PARKING # SPACES					
COMMERCIAL:	# UNITS	AREA SF	2023 RENT/SF	2024 RENT/SF	2025 RENT/SF
RETAIL / OFFICES					
OTHER (LIST)					

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. TOTAL GROSS RENTS @ 100% OCCUPANCY	\$	\$	\$
2. OWNER, JANITOR, MANAGER APARTMENTS	\$	\$	\$
3. OTHER INCOME (LIST)	\$	\$	\$
4. LOSS DUE TO VACANCY OR BAD DEBT	\$	\$	\$
5. TOTAL ACTUAL INCOME (LINES 1-4)	\$	\$	\$

EXPENSES	2023	2024	2025
6. PAYROLL (EXCEPT MANAGER, REPAIR)	\$	\$	\$
7. SUPPLIES (JANITOR, BULBS, ETC.)	\$	\$	\$
8. ELECTRICITY & UTILITIES	\$	\$	\$
9. HEATING FUEL (TYPE OF FUEL _____)	\$	\$	\$
10. MANAGEMENT FEES/WAGES	\$	\$	\$
11. ADMINISTRATIVE COST	\$	\$	\$
12. MAINTENANCE & REPAIRS (LIST)	\$	\$	\$
13. FOOD & BEVERAGE COST	\$	\$	\$
14. HOUSEKEEPING, LAUNDRY & LINEN	\$	\$	\$
15. NURSING	\$	\$	\$
16. RESIDENT ACTIVITIES	\$	\$	\$
17. MISCELLANEOUS EXPENSES (LIST)	\$	\$	\$
18. FIRE INSURANCE & EXTENDED COVERAGE	\$	\$	\$
19. RESERVES FOR REPLACEMENTS (LIST)	\$	\$	\$
20. REAL ESTATE TAXES	\$	\$	\$
21. BUILDING DEPRECIATION	\$	\$	\$
22. MORTGAGE INTEREST PAYMENT	\$	\$	\$

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	

PLEASE PROVIDE: DATE PURCHASED _____ CONSIDERATION _____

2. 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