

**NURSING HOME INCOME QUESTIONNAIRE**

FOR THE 36 MONTHS FROM: 2023 TO 2025

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:**

	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:**

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
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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
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Print/Type Name of Signer	Phone Number	Email
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