

ASSISTED LIVING QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM: **2015 TO 2017**

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

RENT SCHEDULES:

	<u># UNITS</u>	<u>BATH/UNIT</u>	<u>2017 RENT/MO.</u>	<u>2016 RENT/MO.</u>	<u>2015 RENT/MO.</u>
EFFICIENCY	_____	_____	_____	_____	_____
1 BEDROOM	_____	_____	_____	_____	_____
2 BEDROOM	_____	_____	_____	_____	_____
OTHER (LIST)	_____	_____	_____	_____	_____
PARKING # SPACES	_____	_____	_____	_____	_____
RETAIL/COMMERCIAL:	<u># UNITS</u>	<u>SIZE</u>	<u>RENT/SF</u>	<u>RENT/SF</u>	<u>RENT/SF</u>
SHOPS/STORES	_____	_____	_____	_____	_____
OFFICES	_____	_____	_____	_____	_____
OTHER (LIST)	_____	_____	_____	_____	_____

ANNUAL INCOME:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
1. TOTAL GROSS RENTS (100% OCCUPANCY)	\$ _____	\$ _____	\$ _____
2. OWNER, JANITOR, MANAGER APARTMENTS	\$ _____	\$ _____	\$ _____
3. OTHER INCOME	\$ _____	\$ _____	\$ _____
4. LOSS DUE TO VACANCY OR DELINQUENT	\$ _____	\$ _____	\$ _____
5. TOTAL ACTUAL INCOME (TOTAL LINES 1-4)	\$ _____	\$ _____	\$ _____

EXPENSES:

6. PAYROLL (EXCEPT MANAGER, REPAIR)	\$ _____	\$ _____	\$ _____
7. SUPPLIES (JANITOR, BULBS, ETC.)	\$ _____	\$ _____	\$ _____
8. ELECTRICITY	\$ _____	\$ _____	\$ _____
9. WATER/SEWAGE	\$ _____	\$ _____	\$ _____
10. FUEL (TYPE OF FUEL _____)	\$ _____	\$ _____	\$ _____
11. MANAGEMENT FEES/WAGES	\$ _____	\$ _____	\$ _____
12. ADMINISTRATIVE COSTS (LIST)	\$ _____	\$ _____	\$ _____
13. MAINTENANCE & REPAIRS (LIST)	\$ _____	\$ _____	\$ _____
14. FOOD COST	\$ _____	\$ _____	\$ _____
15. HOUSEKEEPING	\$ _____	\$ _____	\$ _____
16. LAUNDRY & LINEN	\$ _____	\$ _____	\$ _____
17. NURSING	\$ _____	\$ _____	\$ _____
18. RESIDENT ACTIVITIES	\$ _____	\$ _____	\$ _____
19. MISCELLANEOUS EXPENSES	\$ _____	\$ _____	\$ _____
20. FIRE INSURANCE & EXTENDED COVERAGE	\$ _____	\$ _____	\$ _____
21. RESERVE FOR REPLACEMENTS (LIST)	\$ _____	\$ _____	\$ _____
22. TOTAL EXPENSES	\$ _____	\$ _____	\$ _____

FINANCIAL / SALES INFORMATION:

1. IS THERE A CURRENT MORTGAGE ON THIS PROPERTY? () YES () NO

2. IF YES, PLEASE PROVIDE THE FOLLOWING DATA:

NAME OF MORTGAGE _____ MORTGAGE AMOUNT _____

INTEREST RATE _____ TERM OF MORTGAGE _____ DATE 1ST PAYMENT _____ MONTHLY PAYMENT _____

3. PLEASE PROVIDE: DATE PURCHASED _____ CONSIDERATION _____

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

IF SO, PLEASE SUMMARIZE THE TERMS AND CONDITIONS OF AGREEMENT:

TYPE: () SALE-LEASEBACK () LEASE () MANAGEMENT

OTHER () _____

LESSEE OR MANAGEMENT CO. _____

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 _____

RP- 6A (Rev. 12/04rs)