

**NURSING HOME INCOME QUESTIONNAIRE**

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

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 \_\_\_\_\_

	2017	2016	2015
<b>REVENUE: (FROM OPERATIONS)</b>			
1. ROOM & BOARD	\$ _____	\$ _____	\$ _____
2. ANCILLARY SERVICES	\$ _____	\$ _____	\$ _____
3. OTHER INCOME	\$ _____	\$ _____	\$ _____
4. LOSS DUE TO BAD DEBT	\$ _____	\$ _____	\$ _____
5. EFFECTIVE GROSS INCOME	\$ _____	\$ _____	\$ _____

<b>OPERATING EXPENSES:</b>			
1. ADMINISTRATION	\$ _____	\$ _____	\$ _____
2. MANAGEMENT FEE	\$ _____	\$ _____	\$ _____
3. DIETARY	\$ _____	\$ _____	\$ _____
4. LAUNDRY & LINEN	\$ _____	\$ _____	\$ _____
5. HOUSEKEEPING	\$ _____	\$ _____	\$ _____
6. PLANT OPERATIONS	\$ _____	\$ _____	\$ _____
7. SOCIAL SERVICES & ACTIVITIES	\$ _____	\$ _____	\$ _____
8. OTHER PATIENT CARE	\$ _____	\$ _____	\$ _____
9. NURSING	\$ _____	\$ _____	\$ _____
10. ANCILLARY	\$ _____	\$ _____	\$ _____
11. NON-REIMBURSABLE	\$ _____	\$ _____	\$ _____
12. MISCELLANEOUS	\$ _____	\$ _____	\$ _____
13. INSURANCE	\$ _____	\$ _____	\$ _____
14. RESERVES FOR REPLACEMENT	\$ _____	\$ _____	\$ _____
15. OTHER (LIST)	\$ _____	\$ _____	\$ _____
16. TOTAL OPERATING EXPENSES	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME	\$ _____	\$ _____	\$ _____

<b>OTHER EXPENSES:</b>			
1) FURNITURE FIXTURES & EQUIPMENT	\$ _____	\$ _____	\$ _____
2) REAL ESTATE TAXES	\$ _____	\$ _____	\$ _____
3) MORTGAGE PAYMENT	\$ _____	\$ _____	\$ _____
4) BUILDING DEPRECIATION	\$ _____	\$ _____	\$ _____
5) CAPITAL IMPROVEMENTS	\$ _____	\$ _____	\$ _____

**MORTGAGE / SALES INFORMATION:**

(PLEASE ATTACH A CURRENT BALANCE SHEET FOR DEFINED INTANGIBLE ASSETS WITH ASSIGNED VALUES)

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	MONTHLY PAYMENT
_____	_____
TERM OF MORTGAGE	DATE 1 <sup>ST</sup> PAYMENT
_____	_____

3. PLEASE PROVIDE: DATE PURCHASED \_\_\_\_\_ CONSIDERATION \_\_\_\_\_

4. IS THERE A LEASE OR MANAGEMENT AGREEMENT? 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/TYPER NAME OF SIGNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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