

NURSING HOME INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM: 2016 TO 2018

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

GROSS FLOOR AREA _____ PRIVATE PAY: 1. PRIVATE ROOM DAILY RATE _____
 TOTAL # OF ROOMS _____ 2. SEMI-PRIVATE DAILY ROOM _____
 TOTAL # OF PRIVATE BEDS _____ GOVERNMENT SUBSIDIZED DAILY ROOM RATE _____
 TOTAL # OF SEMI-PRIVATE BEDS _____ SERVICES PROVIDED IN DAILY RATE _____
 TOTAL # OF SUBSIDIZED BEDS _____ (ATTACH LIST & EXPLAIN) _____
 TOTAL # OF BEDS _____ ANNUAL OCCUPANCY RATE _____

	2016	2017	2018
REVENUE: (FROM OPERATIONS)			
1. ROOM & BOARD	\$ _____	\$ _____	\$ _____
2. ANCILLARY SERVICES	\$ _____	\$ _____	\$ _____
3. OTHER INCOME	\$ _____	\$ _____	\$ _____
4. LOSS DUE TO BAD DEBT	\$ _____	\$ _____	\$ _____
5. EFFECTIVE GROSS INCOME	\$ _____	\$ _____	\$ _____

OPERATING EXPENSES:			
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	\$ _____	\$ _____	\$ _____

OTHER EXPENSES:			
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	TERM OF MORTGAGE
_____	_____
DATE 1 ST PAYMENT	MONTHLY 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/TYPE NAME OF SIGNER _____ PHONE NUMBER _____