

***Town of Stonington Assessor's Office***  
**Skilled Nursing Facility**  
**Income and Expense Survey for Calendar Year 2013**  
**(Due May 30, 2014)**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Preparer/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**General Data**

Number of Rooms (or Units) \_\_\_\_\_

Number of Licensed Beds \_\_\_\_\_

**Potential Gross Income (At 100% Occupancy):**

| Type of Patient |              | Daily Reimbursement Rates | Census (# Patient Days) | Annual Income |
|-----------------|--------------|---------------------------|-------------------------|---------------|
| Private Pay     | Private      |                           |                         |               |
|                 | Semi-private |                           |                         |               |
|                 | Wards        |                           |                         |               |
| VA              | Skilled      |                           |                         |               |
|                 | Intermediate |                           |                         |               |
| HMO             | Semi-private |                           |                         |               |
| Medicare        | Semi-private |                           |                         |               |
| Medicare        | Semi-private |                           |                         |               |

Potential Annual Rental Income (Full Occupancy) \$ \_\_\_\_\_

Ancillary Income: \$ \_\_\_\_\_

**Total Potential Gross Income** \$ \_\_\_\_\_

Annualized Vacancy and Collection Loss: \$ \_\_\_\_\_

**Effective (Actual) Gross Income** \$ \_\_\_\_\_

(Skilled Nursing Facility Property Cont'd.)

**Annual Operating Expenses:**

**Fixed Expenses**

|                         |          |
|-------------------------|----------|
| Real Estate Taxes       | \$ _____ |
| Personal Property Taxes | \$ _____ |
| Insurance               | \$ _____ |

**Variable Expenses**

|   |          |
|---|----------|
| Administration/Marketing/Activities         | \$ _____ |
| Food Service                                | \$ _____ |
| Housekeeping and Laundry                    | \$ _____ |
| Nursing and Personal Care                   | \$ _____ |
| Maintenance & Janitorial                    | \$ _____ |
| Utilities                                   | \$ _____ |
| Administrative, Legal & Accounting          | \$ _____ |
| Management Fees                             | \$ _____ |
| Replacement Reserves (please explain below) | \$ _____ |

**Total Operating Expenses** \$ \_\_\_\_\_

**Net Operating Income** \$ \_\_\_\_\_

**If possible, please include a copy of your year end Income Summary.**

Yes    No  
     Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Comments or additional Information (may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature/Position Date