

TOWN OF EAST LYME
Assessor's Office
Skilled Nursing Facility or Retirement Facility
Income and Expense Survey for Calendar Year 2019

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name: _____
 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		

Potential Annual Rental Income (Full Occupancy) \$ _____
 Ancillary Income \$ _____
Total Potential Gross Income \$ _____
 Annualized Vacancy and Collection Loss \$ _____
Effective (Actual) Gross Income \$ _____

(Skilled Nursing Facility or Retirement Facility 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