

**SKILLED NURSING FACILITY
OR
RETIREMENT FACILITY
PROPERTY**

April 1ST, 2024____

Dear Property Owner:

The Assessor's Office is preparing for the 2026 revaluation of all real property located in East Lyme. In order to fairly assess your real property, information regarding the property income and expenses are required. Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. The information filed and furnished with this report will remain confidential in accordance with SS 12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of SS1-210 (Freedom of Information) of the Connecticut General Statutes.

Please complete, sign and return the completed form to the East Lyme Assessor's Office on or before June 3, 2024. In accordance with Section 12-63c(d), of the Connecticut General Statutes, as amended, any owner of income-producing real property who fails to file this form, or files incomplete or false information with intent to defraud, shall be subject to a penalty assessment representing a ten percent (10%) increase in the assessed value of such property.

WHO SHOULD FILE; All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties, which are rented or leased, including commercial, retail, industrial and residential properties (except – "such property used for residential purposes, containing not more than six (6) dwelling units and in which the owner resides") must complete this form. If the property is partially rented and partially owner-occupied this report must be filed. If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation.

If your property is 100% owner-occupied, or 100% leased to a related corporation, business, family member or other related entity, please indicate by checking the following box.

**Please complete and return to the Assessor's Office
On or before June 3, 2024**

TOWN OF EAST LYME
Assessor's Office
Skilled Nursing Facility or Retirement Facility
Income and Expense Survey for Calendar Year 2023

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