



Town of Stratford Assessor's Office

Skilled Nursing Facility
Income and Expense Survey for Calendar Year 2010

Information provided is CONFIDENTIAL, in accordance with Connecticut General Statutes

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):

Table with 4 columns: Type of Patient, Daily Reimbursement Rates, Census (# Patient Days), Annual Income. Rows include Private Pay, VA, HMO, Medicare, and Medicaid.

Potential Annual Rental Income (Full Occupancy) \$

Ancillary Income: \$

Total Potential Gross Income \$

Annualized Vacancy and Collection Loss \$

Effective (Actual) Gross Income \$



**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