

NURSING HOME INCOME QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR 36 MONTHS:
NAME & LOCATION OF PROPERTY _____

FROM 2009 TO 2011
OWNER AND ADDRESS OF RECORD _____

GROSS FLOOR AREA _____
TOTAL # OF ROOMS _____
TOTAL # OF PRIVATE BEDS _____
TOTAL # OF SEMI-PRIVATE BEDS _____
TOTAL # OF SUBSIDIZED BEDS _____
TOTAL # OF BEDS _____
ANNUAL OCCUPANCY RATE _____

BED RATES:

PRIVATE PAY: 1. PRIVATE ROOM RATE _____
2. SEMI-PRIVATE ROOM _____
GOVERNMENT SUBSIDIZED ROOM RATE _____
SERVICES PROVIDED IN DAILY RATE _____
(ATTACH LIST & EXPLAIN) _____

REVENUE:

	2011	2010	2009
1. ROOM & BOARD	_____	_____	_____
2. MEDICAL & NONMEDICAL 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 _____

CAPITAL EXPENSES:

1) FURNITURE FIXTURES & EQUIPMENT	_____	_____	_____
2) REAL ESTATE TAXES	_____	_____	_____
3) MORTGAGE PAYMENT	_____	_____	_____
4) BUILDING DEPRECIATION	_____	_____	_____
5) CAPITAL IMPROVEMENTS	_____	_____	_____

MORTGAGE/SALES INFORMATION:

1. Is there a current mortgage on this property? Yes _____ No _____

2. If Yes, please provide the following data:

Name of Mortgagee	Mortgage Amount	Interest Rate
Term of Mortgage	Date 1 st Payment	Monthly Payment

3. Please provide: Date Purchased _____ Consideration _____

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.

Signature	Title of Signer	Date
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Print/Type Name of Signer	Phone Number	RP-68 (Rev. 12/03rs)
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