

SENIOR CARE INCOME AND EXPENSE SURVEY

Confidential Information Per F.S. 195.027 For Use By Osceola County Property Appraiser's Office Only

Property name: _____

Property address: _____

Attach complete Profit & Loss Statement and Rent Roll as of 1/1/2021

Property Type	# Occupied Beds	# Licensed Beds	% Annual Occupancy	% Medicaid	% Medicare	% Private
Skilled Nursing						
Assisted Living						
Independent Living						
Memory Care						
Other						
Totals						

2020 GROSS INCOME Income Data for January 1, 2020 thru December 31, 2020

Facility Type	Room Type	# Beds	Monthly Rate	Income
Skilled Nursing	Private			
Skilled Nursing	Semi-Private			
Assisted Living	Private			
Assisted Living	Semi-Private			
Independent Living	Private			
Independent Living	Semi-Private			
Memory Care	Private			
Memory Care	Semi-Private			
Other Income				
Total Annual Income				

2020 OPERATING EXPENSES Expense Data for January 1, 2020 thru December 31, 2020

Management Fees	\$ - _____
Payroll	\$ - _____
Insurance Premiums	\$ - _____
Utilities and Services	\$ - _____
Professional Fees (Accounting, Advertising, Legal, etc.)	\$ - _____
Dietary Services/Food and Beverage	\$ - _____
Nursing	\$ - _____
Housekeeping	\$ - _____
Cost of Contracted Resident Services (therapy, etc...)	\$ - _____
Repairs & Maintenance	\$ - _____
Reserves for Replacements	\$ - _____
Other (specify) _____	\$ - _____
Total 2020 Operating Expenses	_____

2020 Net Operating Income (before taxes, cap.improv. & other exp.) _____

2020 CAPITAL EXPENSES Expense Data for January 1, 2020 thru December 31, 2020

Please specify improvement. Do not include in operating expenses above

_____ \$ _____ \$ _____

Prepared by: _____	Title: _____	Date: _____
Signature: _____	Phone #: _____	
* Please attach additional pages as necessary.		E-mail: _____

COVID -19 INFORMATION

Did you receive any subsidy for Covid -19 relief? _____

Did you include any subsidy in your reported revenue? _____

If so, please state the amount _____

Did you make any rent concessions or modifications? _____

If so, what were the terms? _____

Did you experience any vacancies directly related to Covid-19? _____

RETURN BY APRIL 1, 2021