

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 1/1/2025

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

2024 GROSS INCOME Income Data for January 1, 2024 thru December 31, 2024

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				

2024 OPERATING EXPENSES Expense Data for January 1, 2024 thru December 31, 2024

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 2024 Operating Expenses	_____

2024 Net Operating Income (before taxes, capital improvement & other exp.)

2024 CAPITAL EXPENSES Expense Data for January 1, 2024 thru December 31, 2024

Please specify improvement. Do not include in operating expenses above

_____ \$ _____ _____ \$ _____

Prepared by: _____ Title: _____ Date: _____

Signature: _____ Phone #: _____

* Please attach additional pages as necessary. E-mail: _____

RETURN BY APRIL 1, 2025