



Neil Combee
Polk County Property Appraiser
INCOME/EXPENSE ANALYSIS: SENIOR HOUSING
(For Previous Calendar Year 1/1 through 12/31)
REAL ESTATE DIVISION

ADA Compliant
R. 11/2024

BUSINESS NAME:
PROPERTY AKA:
PROPERTY LOCATION:

PARCEL ID:

INCOME:

TOTAL ROOM/BED/UNIT REVENUE	\$	
FOOD	\$	
BEVERAGE	\$	
OTHER INCOME	\$	
TOTAL INCOME FROM OPERATIONS		\$

EXPENSES:

PROPERTY INSURANCE	\$	
UTILITIES	\$	
REPAIRS/MAINTENANCE	\$	
MANAGEMENT FEE	\$	
PAYROLL & BENEFITS	\$	
ADVERTISING & MARKETING	\$	
PROFESSIONAL FEES	\$	
GENERAL/ADMINISTRATIVE	\$	
ROOM EXPENSE - HOUSEKEEPING	\$	
MEAL EXPENSE	\$	
ACTIVITIES/TRANSPORTATION	\$	
NURSING/PERSONAL CARE	\$	
TOTAL OPERATING EXPENSES:		\$
NET OPERATING INCOME		\$

OTHER EXPENSES:

REAL ESTATE TAXES	\$
RESERVES FOR REPLACEMENTS	\$
CAPITAL IMPROVMENTS	\$

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

PLEASE FILL OUT ALL PAGES OF THE FORM

NOTE: IN LIEU OF THE FORM, A YEAR END PROFIT & LOSS STATEMENT AND RENT ROLL AS OF JANUARY 1ST CAN BE PROVIDED

BED COUNT & RATES:

UNIT MIX / TYPE	# BEDS	MONTHLY RATE	YEAR END OCCUPANCY %
<u>INDEPENDENT LIVING</u>			
SEMI-PRIVATE ROOM		\$	%
PRIVATE ROOM		\$	%
SERVICES PROVIDED IN BASE RENT			
<u>ASSISTED LIVING</u>			
SEMI-PRIVATE ROOM		\$	%
PRIVATE ROOM		\$	%
SERVICES PROVIDED IN BASE RENT			
<u>MEMORY CARE</u>			
SEMI-PRIVATE ROOM		\$	%
PRIVATE ROOM		\$	%
SERVICES PROVIDED IN BASE RENT			
<u>SKILLED NURSING</u>			
SEMI-PRIVATE ROOM		\$	%
PRIVATE ROOM		\$	%
SERVICES PROVIDED IN BASE RENT			
TOTAL EXISTING BEDS			
TOTAL LICENSED BEDS			
AVG MONTHLY RATE		\$	

PAYMENT MIX (# OF UNITS)	# PRIVATE PAY	# MEDICARE	# MEDICAID	# OTHER (SPECIFY)
<u>INDEPENDENT LIVING</u>				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				
<u>ASSISTED LIVING</u>				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				
<u>MEMORY CARE</u>				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				
<u>SKILLED NURSING</u>				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				

LEASED OPERATIONS:

DOES THE OWNER OPERATE THE FACILITY? Yes No

IF LEASED TO AN OPERATOR, WHAT IS THE ANNUAL RENT?

ADDITIONAL COMMENTS:**PREPARER INFORMATION:**

NAME & TITLE
EMAIL ADDRESS
TELEPHONE #
DATE

INCOME & EXPENSE DEFINITIONS:

Total Room/Bed/Unit Revenue: Total annual revenue if the facility was at 100% occupancy

Food & Beverage: Income associated with the sale of food & beverages

Other Income: Additional income from other fees associated with the facility

Property Insurance: Include one year of insurance charges for fire, liability, theft and all other insurance premiums *EXCEPT* workman's comp, health insurance and benefit plans.

Utilities: Include all utility costs (i.e. electricity, water, gas, cable, telephone, etc.) for the property even if some of these costs are billed back to the tenant.

Repairs & Maintenance: These expenses account for the on-going upkeep and maintenance of the park, such as common area landscaping, lighting, fire/security systems, septic system maintenance, pest control, contracted services, repairs/maintenance of the property, and related supplies. Please include the renewal of small parts of any property component but exclude the replacement of any substantial part of the property (see Capital Expense Items).

Management Fee: Annual fee paid by an owner to a management company to oversee day-to-day operation of property. This is typically based on a percentage of collected rent and is not payroll.

Payroll & Benefits: Includes the wages, salaries, benefits, payroll taxes and related worker's compensation expenses for the on-site staff needed to operate the property, including any onsite manager.

Advertising & Marketing: Includes online and direct mail advertising, print ads, promotional items, resident referral discounts, and related expenses to obtain residents and promote the property in the market.

Professional Fees: Fees paid to hire a professional such as legal counsel, financial advisors or an independent accounting firm.

General & Administrative: Includes the supplies and services that support the off-site or on-site office management activities for the property, as well as general fees for operation. Expenses include phone, tenant screening, registration programs, and related expenses that support the administrative activities of the operation.

INCOME & EXPENSE DEFINITIONS:

Room Expense - Housekeeping: Annual expenses for both staffing and miscellaneous supplies for laundry and cleaning the facility common areas such as the lobby, dining areas, patios/porches and residents room.

Meal Expense: Include expenses for the food service for both the staff and residents.

Activities/Transportation: Expenses include entertainment, transportation, social activities and the supplies associated with the service.

Nursing/Personal Care: Expenses include costs associated with nursing staff and supplies.

Reserves for Replacement: An annual expense or reserve set aside to replace short-lived items (parking lot, interior finishes, HVAC systems, appliances, etc.) that wear faster than the long-lived items (structure, foundation, pipes, electric wiring, HVAC ducts, etc.). This item reflects money the owner saves for future replacement of a short-lived item and is sometimes required by a lender on a commercial property loan.

Capital Expense Items: These items are expenses that do not typically occur on an annual basis. Examples: roof replacement, building addition, storm damage, remodel of an existing building, etc.