2016 INCOME AND EXPENSE ANALYSIS: SENIOR CARE

for calendar year 2015 or period beginning _____ and ending 12-31-2015

Real Estate #: ☐☐☐☐☐☐ - ☐☐☐☐

Property Name: **Property** **Address:** _____

_____

CONFIDENTIAL
Per F.S. 195.027
Jerry Holland
Duval County Property Appraiser
231 East Forsyth Street, Room 270
Jacksonville, Florida 32202

INCOME:	**$**	**$**	**$**
(1) TOTAL ROOM/BED/UNIT REVENUE			
(2) FOOD			
(3) BEVERAGE			
(4) OTHER INCOME			
(5) TOTAL INCOME FROM OPERATIONS			

COST OF GOODS SOLD:	**$**	**$**	**$**
(6) ROOMS			
(7) FOOD			
(8) BEVERAGE			
(9) OTHER DIRECT EXPENSE			
(10) TOTAL COSTS AND EXPENSES			
(11) GROSS OPERATING INCOME			
(12) MISCELLANEOUS EXPENSES			
(13) ADMINISTRATIVE COSTS			
ADMINISTRATIVE & GENERAL			
MANAGEMENT FEE			
ADVERTISING & SALES PROMOTION			
PAYROLL & PAYROLL TAXES			
OTHER ADMINISTRATIVE			
(14) UTILITIES			
ELECTRICITY			
WATER & SEWER			
OTHER UTILITIES			
(15) MAINTENANCE & REPAIR			
MAINTENANCE & REPAIR PAYROLL			
ELECTRIC, PLUMBING, HVAC REPAIRS			
EXTERIOR REPAIRS			
PARKING LOT REPAIRS			
ROOF REPAIR			
CONTRACT REPAIRS			
MISCELLANEOUS MAINTENANCE & REPAIRS			
JANITORIAL			
(16) SERVICES			
TRASH REMOVAL			
LANDSCAPE			
SECURITY			
MISCELLANEOUS			
(17) INSURANCE (ONE (1) YEAR ONLY)			
(18) RESERVES FOR REPLACEMENT			
(19) TOTAL OPERATING EXPENSES			
(20) TOTAL COSTS AND EXPENSES (TOTAL LINE (18) & (27)			
(21) GROSS OPERATING PROFIT			

OTHER EXPENSES:	**$**
(22) INTEREST EXPENSE CHARGED THIS PERIOD	
(23) DEPRECIATION EXPENSE CHARGED THIS PERIOD	
(24) PROPERTY TAX EXPENSE CHARGED THIS PERIOD	
(25) GROUND RENT	

PLEASE FILL OUT FRONT & BACK OF FORM

BED COUNT & RATES:

UNIT MIX / TYPE	# BEDS	MONTHLY RATE $$	AVG ANNUAL OCCUP. % ENDING 12/31/15
1 INDEPENDENT LIVING			
SEMI-PRIVATE ROOM			
PRIVATE ROOM			
SERVICES PROVIDED IN BASE RENT			
2 ASSISTED LIVING			
SEMI-PRIVATE ROOM			
PRIVATE ROOM			
SERVICES PROVIDED IN BASE RENT			
3 SKILLED NURSING			
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)
INDEPENDENT LIVING				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				
ASSISTED LIVING				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				
SKILLED NURSING				
SEMI-PRIVATE ROOM				
PRIVATE ROOM				

LEASED OPERATIONS:

DOES THE OWNER OPERATE THE FACILITY? .....

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

OTHER PROPERTY INFORMATION:

IF YOU PURCHASED THIS PROPERTY SINCE 2012 GIVE: DATE _____ PRICE _____

IF YOU HAD THIS PROPERTY CONSTRUCTED SINCE 2012 GIVE: DATE _____

COST TO CONSTRUCT $_____(include both direct and indirect costs)

MORTGAGE INFORMATION:

	1st MTG.	2nd MTG.	3rd MTG.
DATE	___/___	___/___	___/___
ORIGINAL AMOUNT.....	$_____	$_____	$_____
INTEREST RATE.....	_____%	_____%	_____%
TERM IN YEARS & MONTHS.....	___&___	___&___	___&___
PAYMENT ($ per month semi, annual)	$___/___	$___/___	$___/___
BALLOON PAYMENT ($ / date due).....	$___/___	$___/___	$___/___

IF THIS PROPERTY IS FOR SALE GIVE:

ASKING PRICE..... $_____

LISTING BROKER/CONTACT # .....

HOW LONG ON MARKET ..... _____

LAST APPRAISAL DATE? APPRAISED VALUE?

COMMENTS:

PREPARER INFORMATION:

PERSON PREPARING RETURN _____

OWNER_____ AGENT _____

DATE_____ PHONE NUMBER_____