

# Assisted Living Facility Income & Expense

Confidential (for the use of the Collier County Property Appraiser Only)

Calendar Year: \_\_\_\_\_

Parcel Id: \_\_\_\_\_

## Property Information

## Business Code:

Category	# of Operating Beds	# of Licensed Beds	Annual Occupancy %
Skilled Nursing			
Assisted Living			
Independent Living			
Memory Care			
<b>Total All Categories</b>			

## Income (Input actual annual income collected)

Category	# of Beds	\$ Monthly Rate	\$ Annual 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 (Specify)			
<b>Total Annual Income</b>			

## Operating Expenses (input actual annual expenses paid)

### Departmental Expenses

General Administration \_\_\_\_\_  
 Payroll \_\_\_\_\_  
 Resident Care/Nursing/Contract Care \_\_\_\_\_  
 Food Services \_\_\_\_\_  
 Ground Maintenance \_\_\_\_\_  
 Repair & Maintenance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Housekeeping/Laundry \_\_\_\_\_  
 Marketing/Promotions \_\_\_\_\_  
 Other Expenses (specify) \_\_\_\_\_

**Total Departmental Expenses**

### Non-Departmental Expenses

Real Estate Taxes  
 (RE Property Taxes Only) \_\_\_\_\_  
 Property Insurance  
 (annual premium) \_\_\_\_\_  
 Reserve for Replacement  
 (reserve fund) \_\_\_\_\_  
 Management Fee \_\_\_\_\_  
 Other (Specify; do not include  
 debt service or depreciation) \_\_\_\_\_

**Total Non-Departmental Expenses**

### Capital Expenditures (input actual non-reoccurring expenses paid)

Capital Expenditures Cost (specify) \_\_\_\_\_

**Total Capital Expenditures**

### Contact Information

Prepared by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Please specify if: Owner ( ) or Agent/Authorized Rep ( ) or Other (specify) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_