



Town of Rocky Hill Assessor's Office
Skilled Nursing Facility
Income and Expense Survey for Calendar Year 2024

Information provided is **CONFIDENTIAL**, in accordance with Connecticut General Statutes

Owner of Record: _____

Property Address: _____

Name of Facility: _____ Map Block Lot # _____

Form Preparer/Position: _____

Telephone Number: _____ Email _____

GENERAL INSTRUCTIONS: This form should be completed using the annual information for calendar year 2024, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for calendar year 2024. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

General Data

Name of Facility: _____

Year Built: _____ Year of last Renovation: _____

Description of work: _____ Cost: _____

Number of Rooms (or Units) _____

Number of Licensed Beds _____

Annual Occupancy _____

Facility Operations

Which best describes your facility? Please check all that apply.

- Long Term Care Short Term Care Out Patient Services
- Independent Living Assisted Living Other (Define) _____



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Annual Gross Income

Potential Gross Income (At 100% Occupancy):

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicaid	Semi-private			
Total Income from Rooms				

Total Income from Rooms (see table above) _____

Out Patient Services _____

Medical Equipment/Supplies _____

Food and Beverage _____

Telephone, Cable, WiFi _____

Minor Operated Departments(Define) _____

Miscellaneous Rentals (Define) _____

Other (Define) _____

Total Annual Revenue \$ _____

Annual Cost of Goods Sold

Medical Equipment/Supplies _____

Food and Beverage _____

Minor Operated Departments _____

Other (Define) _____

Cost of Goods Sold \$ _____

Effective Annual Income \$ _____
(Total income –Cost of Goods Sold)



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Annual Operating Expenses

- Advertising _____
- Administrative _____
- Electric _____
- Exterminating _____
- Heat _____
- Housekeeping and Laundry _____
- Insurance _____
- Janitorial/Cleaning _____
- Management _____
- Nursing and Personal Care _____
- Payroll _____
- Repair and Maint: Building _____
- Repair and Maint: Grounds _____
- Reserves for Replacement (Attach Detail) _____
- Rubbish Removal _____
- Security _____
- Sewer _____
- Snow Removal _____
- Supplies (Office, Cleaning,) _____
- Water _____
- Other (Define)_____
- Other (Define)_____
- Other (Define)_____
- Other (Define)_____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

(Effective Annual Income – Total Operating Expenses)

Please include a copy of your year-end Income Summary.

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? Yes No

If yes, explain: _____

Please attach comments or other information on a separate page.

