

Town of Groton Assessor's Office

**Nursing Home / Assisted Living Center
Income and Expense Survey for Calendar Year 2023
Due on or before June 1, 2024**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable):

Property Owner:

Property Address / Parcel ID:

Form Preparer/Position: _____

Telephone Number: _____

General Data

Number of Rooms (or Units) _____

Number of Licensed Beds _____

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			
Rehab	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ _____

Ancillary Income: \$ _____

Total Potential Gross Income \$ _____

Annualized Vacancy and Collection Loss: \$ _____

Effective Gross Income \$ _____

(Retirement Property Cont'd.)

Annual Operating Expenses:

Fixed Expenses

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Insurance	\$ _____

Variable Expenses

Administration/Marketing/Activities	\$ _____
Food Service	\$ _____
Housekeeping and Laundry	\$ _____
Nursing and Personal Care	\$ _____
Maintenance & Janitorial	\$ _____
Utilities	\$ _____
Administrative, Legal & Accounting	\$ _____
Management Fees	\$ _____
Replacement Reserves (please explain below)	\$ _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

(Effective Gross Income minus Total Operating Expenses)

If possible, please include a copy of your year end Income Summary.

Yes No

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, please explain below or attach comments or other information on a separate page: _____

_____/_____
Signature/Position Date

_____/_____
Name (print) Email