

**INCOME AND EXPENSE STATEMENT FOR SENIOR CARE**

For Year Ended 12/31/2024

Alternate Key: \_\_\_\_\_  
Parcel ID: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Property Type	# of Beds	# of Units	% Occupancy	Average Applicable Rate		
				Daily	Monthly	Annual
Skilled Nursing Facility			%			
Assisted Living Facility			%			
Independent Living Facility			%			
Other Facility (describe) eg. Memory Care			%			

**2024 Income**

1.) Income from Skilled Nursing Facility		1
2.) Income from Assisted Living Facility		2
3.) Income from Independent Living Facility		3
4.) Income from Other Facility		4
5.) Miscellaneous Income (please explain) _____		5
<b>6.) EFFECTIVE GROSS INCOME</b>		<b>6</b>

**2024 Expenses**

7.) Management Fees	<input type="text"/> %	7
8.) Payroll		8
9.) Dietary Services		9
10.) Nursing, ALF or ILF Services		10
11.) Administrative (Advertising, Legal, Accounting, etc.)		11
12.) Marketing and Sales		12
13.) Utilities (Water, Sewer, Gas, Electric, Phone, Trash, etc.)		13
14.) Housekeeping		14
15.) Building Repairs and Maintenance		15
16.) Grounds Maintenance (Landscape, Parking Lot, etc.)		16
17.) Insurance Premiums		17
18.) Reserves for Replacement	<input type="text"/> %	18
19.) Other Expenses (please explain) _____ (EXCLUDES mortgage interest, depreciation and amortization)		19
20.) Real Estate Taxes		20
21.) Tangible Personal Property Taxes		21
22.) Other Taxes		22
23.) Total Expenses		23
<b>24.) NET OPERATING INCOME</b>		<b>24</b>

**2024 Capital Expenditures**

25.) Carpet		25
26.) Appliances		26
27.) Other (please explain) _____		27

Submitted by (please print) \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_