

INCOME AND EXPENSE STATEMENT FOR SENIOR CARE

For Year Ended 12/31/2025

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			%			

2025 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
6.) EFFECTIVE GROSS INCOME		6

2025 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
24.) NET OPERATING INCOME			24

2025 Capital Expenditures

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

Submitted by (please print)

Telephone #

Email

Date