

INCOME AND EXPENSE STATEMENT FOR SENIOR CARE

For Year Ended 12/31/2023

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			%			

2023 Income

- 1.) Income from Skilled Nursing Facility
- 2.) Income from Assisted Living Facility
- 3.) Income from Independent Living Facility
- 4.) Income from Other Facility
- 5.) Miscellaneous Income (please explain) _____

	1
	2
	3
	4
	5
	6

6.) EFFECTIVE GROSS INCOME

2023 Expenses

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

	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19

24.) NET OPERATING INCOME

2023 Capital Expenditures

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

	25
	26
	27

Submitted by (please print) _____

Telephone # _____

Email _____

Date _____