

# ASSISTED LIVING QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR 36 MONTHS

FROM 2013 TO 2015

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

**RENT SCHEDULES:**

	<u># UNITS</u>	<u>BATH/UNIT</u>	<u>2015 RENT/MO.</u>	<u>2014 RENT/MO.</u>	<u>2013 RENT/MO.</u>
Efficiency	_____	_____	_____	_____	_____
1 Bedroom	_____	_____	_____	_____	_____
2 Bedroom	_____	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____	_____
PARKING # SPACES	_____	_____	_____	_____	_____
<b>Retail/Commercial:</b>	<u># UNITS</u>	<u>SIZE</u>	<u>RENT/SF</u>	<u>RENT/SF</u>	<u>RENT/SF</u>
Shops/Stores	_____	_____	_____	_____	_____
Offices	_____	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____	_____

**ANNUAL INCOME:**

	<u>2015</u>	<u>2014</u>	<u>2013</u>
1. Total Gross Rents (100% Occupancy)	\$ _____	_____	_____
2. Owner, Janitor, Manager Apartments	\$ _____	_____	_____
3. Other Income	\$ _____	_____	_____
4. Loss Due to Vacancy or Delinquent	\$ _____	_____	_____
5. TOTAL ACTUAL INCOME (Total lines 1-4)	\$ _____	_____	_____

**EXPENSES:**

6. Payroll (except manager, repair)	\$ _____	_____	_____
7. Supplies (janitor, bulbs, etc.)	\$ _____	_____	_____
8. Electricity	\$ _____	_____	_____
9. Water/Sewage	\$ _____	_____	_____
10. Fuel (Type of fuel _____)	\$ _____	_____	_____
11. Management Fees/Wages	\$ _____	_____	_____
12. Administrative Costs (List)	\$ _____	_____	_____
13. Maintenance & Repairs (List)	\$ _____	_____	_____
14. Food Cost	\$ _____	_____	_____
15. Housekeeping	\$ _____	_____	_____
16. Laundry & Linen	\$ _____	_____	_____
17. Nursing	\$ _____	_____	_____
18. Resident Activities	\$ _____	_____	_____
19. Miscellaneous Expenses	\$ _____	_____	_____
20. Fire Insurance & Extended Coverage	\$ _____	_____	_____
21. Reserve for Replacements (List)	\$ _____	_____	_____
22. TOTAL EXPENSES	\$ _____	_____	_____

**FINANCIAL / SALES INFORMATION:**

1. Is there a current mortgage on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If Yes, please provide the following data:

_____	_____	_____
Name of Mortgagee	Mortgage Amount	Interest Rate
_____	_____	_____
Term of Mortgage	Date 1 <sup>st</sup> Payment	Monthly Payment

3. Please provide: Date Purchased \_\_\_\_\_ Consideration \_\_\_\_\_

4. Is there a controlling lease or management agreement? If so, please summarize the terms and conditions of agreement: Type: Sale-Leaseback ( ) Lease ( ) Management ( ) Other ( ) \_\_\_\_\_

Lessee or Management Co. \_\_\_\_\_

Date \_\_\_\_\_ Term \_\_\_\_\_ Fee \_\_\_\_\_

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

_____	_____	_____
Owner=s Signature	Title of Signer	Date

_____	_____
Print/Type Name of Signer	Phone Number