

HEALTHCARE FACILITY INCOME AND EXPENSE SURVEY FORM INSTRUCTIONS

The following instructions are provided to aid you in filling out this survey form. If you have questions, call 703.228.3920.

Certification

Certification of this information by the owner or authorized representative is required by state law (**Code of Virginia 58.1-3294**). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying this information. Also, provide the name and phone number of the person to contact with questions about this information.

Income Information

REVENUE

Residents Rooms – Actual income from rental of resident's rooms. This is not the gross potential income at 100% occupancy, but the actual gross rent received.

Meal Programs – Income from the sales of food and sundries. If the income from food/sundry services is from a lease, please enter the information next to Line 102 below.

Extended Care – Income from the custodial care, or other medical skilled nursing related services provided.

Medication – Income derived from the sale of medications.

Therapy – Income from rehabilitation services onsite.

Parking – Income from parking.

Ancillary Income – Income derived from adult day care services as care givers, or other services that supplement healthcare of the elderly. Services may include assistance with shopping, laundry service, or physical assistance in the daily life of the elderly resident.

Other Income – Additional sources of income not listed above including any subsidies.

TOTAL REVENUES – SUM OF ALL LINES ABOVE.

EXPENSES

DEPARTMENTAL COSTS AND EXPENSES: These are costs necessary to maintain the production of income from operation of the property. They are day to day costs of providing services for the guest. **They do not include the expenses necessary for the operation of the Real Estate (See Undistributed Operating Expenses below)**. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Salaries & Wages – On-site nursing and administrative staff.

Payroll Taxes & Benefits – On-site nursing and administrative staff.

Laundry, Linen & Supplies – Any laundry and linen supplies associated with the general care of the residents.

Contract Cleaning - Cost directly attributed to room upkeep. Such as Salaries & wages, payroll taxes & benefits, laundry, linen, contract cleaning.

China, Glassware, Silver & Linen – Costs attributed to china, glassware and linen used for food service.

Equipment Leases – Cost associated with the leasing of equipment for the care of residents.

Cost of Goods (Food & Beverages) – Costs directly attributed to providing meals and drinks. Such as Salaries & wages, payroll taxes & benefits, Cost of Goods (Food & Beverage), and other operating costs.

Other Department Expenses – Additional departmental costs not listed above

Telephone Expense and Leases - Costs of providing telephone service to guests. Such as telephone expenses and leases.

Transportation – Cost to transport residents to from medical visits, field trips, or other locations.

TOTAL DEPARTMENTAL EXPENSES – SUM OF TOTAL ROOM EXPENSES, TOTAL FOOD & BEVERAGE EXPENSES, TOTAL TELEPHONE EXPENSES, AND TOTAL OTHER DEPARTMENTAL EXPENSES.

UNDISTRIBUTED EXPENSES: These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Administrative and General - Includes such items as Payroll & Administrative, Legal & Accounting fees, and Other Administrative expenses.

Management – Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are shown elsewhere. Includes such items as Base fee, Incentive fee, and other management fees.

Marketing - Cost of marketing the property locally. Includes such cost as:

Salaries, Wages, & Benefits – payroll expenses for marketing that's not included in the Administrative and General payroll list above.

Advertising – paid for local and national marketing.

Other expenses – Other marketing expenses not covered elsewhere.

Property Operations & Maintenance – Expenses for repair and maintenance such as but not limited to:

Maintenance payroll – payroll expenses for maintenance staff not included elsewhere.

Supplies – expenses for maintenance supplies.

HVAC Repairs – Maintenance and repairs expense for heating, ventilating, and air-conditioning. **Do not include capital repairs.**

Electric Repairs - Maintenance and repairs expense for electrical systems.

Plumbing Repairs - Maintenance and repairs expense for plumbing systems.

Elevators Repairs/ Maintenance - Maintenance and repairs expense for elevator repairs.

Exterior Repairs - Maintenance and repairs to the outside of the property not covered elsewhere. **Do not include capital items.**

Roof Repairs – Minor repair and routine maintenance expense of roof. **Do not enter cost to replace entire roof. Roof replacement is a capital expense.**

Garage/Parking Lot Repairs – Minor repair and routine maintenance expense of the garage and/or parking lot. **Do not enter cost to replace or resurface. Garage/Parking Lot replacement is a capital expense.**

Miscellaneous Repairs - Maintenance and repairs expense not covered elsewhere. **Do not include capital items.**

Energy Costs

Electricity – Cost of electricity services for this reporting period.

Gas – Cost of gas/propane services for heating the building during this reporting period.

Fuel Oil – Cost of oil services for the building during this reporting period.

Water & Sewer – Cost of water and sewer services for this reporting period.

Other Undistributed (unallocated) expenses - Other expenses not listed elsewhere. **Do not include capital items.**

TOTAL UNDISTRIBUTED EXPENSES – SUM OF TOTAL ADMINISTRATIVE AND GENERAL, TOTAL MANAGEMENT, TOTAL MARKETING, TOTAL PROPERTY OPERATIONS AND MAINTENANCE, TOTAL ENERGY COSTS, AND OTHER UNDISTRIBUTED (UNALLOCATED) EXPENSES.

FIXED EXPENSES: These are expenses attributed to taxes, insurance and other miscellaneous services. Do not include personal or real estate taxes.

Miscellaneous Taxes and Insurance

Personal Property / Business Tax - Business Tangible Tax paid during the accounting period.

Business License – Cost of business license during the accounting period.

Property Insurance (Building) – Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts. Please include only one year's cost.

Property Insurance (Content) - Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts. Please include only one year's cost.

Reserve for Replacement – The annual amount reserved for all capital improvements includes replacement of furniture, fixture, and equipment.

Service

Landscaping Maintenance – Cost of maintaining the landscaping on site.

Trash Removal – Cost of trash removal

Security – Cost for security services, such as salaries/wages and monitoring.

Snow Removal – Cost to clear snow from walkways and driveways.

Other – Additional services not covered above.

Reserves for Replacement - The annual amount reserved for all capital improvements includes replacement of furniture, fixture, and equipment. Please itemize.

TOTAL FIXED EXPENSES – SUM OF TOTAL TAXES AND INSURANCE AND RESERVES FOR REPLACMENT, TOTAL SERVICES, AND RESERVES FOR REPLACEMENT.

TOTAL EXPENSES – SUM OF TOTAL DEPARTMENTAL EXPENSES, TOTAL UNDISTRIBUTED EXPENSES, AND TOTAL FIXED EXPENSES.

NET OPERATING INCOME – INCOME TO THE PROPERTY AFTER ALL FIXED AND OPERATING EXPENSES INCLUDING RESERVES FOR REPLACEMENT ARE DEDUCTED BUT BEFORE DEDUCTING MORTGAGE INTEREST, REAL ESTATE TAXES, AND DEPRECIATIONS. (I.E., TOTAL ACTUAL INCOME RECEIVED LESS TOTAL DEPARTMENTAL EXPENSES LESS TOTAL UNDISTRIBUTED EXPENSES LESS TOTAL FIXED EXPENSES)

Real Estate Taxes – Amount paid in real estate taxes for this reporting period. This should reflect any adjustments made in the assessment for the period. **Do Not include personal property taxes.**

Renovations/ Capital Improvements – Money spent on capital improvements during the reporting period. Capital expenditures are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. List on an attached sheet the items considered to be capital improvements. **Enter the total amount of the capital cost for this reporting period only.**

Leased Operations – Provide information for space leased such as but not limited to restaurants, gift shops, salons, etc.

Furniture, fixture, and equipment:

Historical Cost – Amount paid to acquire the furniture, fixture, and equipment.

Current value as of (Date:) – Current value of the furniture, fixture, and equipment as of December 31 of the reporting period. (Amount paid for the furniture, fixture, and equipment less accumulated depreciation).

Replacement value – The amount that would have to be paid to replace the furniture, fixture, and equipment at the present time, according to its current worth.



CONFIDENTIAL



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Website: www.arlingtonva.us

PLEASE COMPLETE AND RETURN TO ABOVE ADDRESS BY March 1, 2019
YOU MAY ADD THE OPERATING STATEMENT TO THIS QUESTIONNAIRE

HEALTHCARE FACILITY
INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION REQUESTED IS PURSUANT TO THE CONSTITUTION OF VIRGINIA AND THE TAX CODE OF VIRGINIA AND ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 58.1-3 OF THE CODE OF VIRGINIA. IF THERE IS WILLFUL FAILURE TO FURNISH STATEMENTS OF INCOME AND EXPENSES IN A TIMELY MANNER TO THE DIRECTOR, THE OWNER OF SUCH PARCEL OF REAL ESTATE SHALL BE DEEMED TO HAVE WAIVED HIS OR HER RIGHT IN ANY PROCEEDING CONTESTING THE ASSESSMENT TO UTILIZE SUCH INCOME AND EXPENSES AS EVIDENCE OF FAIR MARKET VALUE. (CODE OF VIRGINIA 15.2-716)

List all RPCs included in this statement (go to next if space is needed): _____

Accounting period: FROM: (Mo.) _____ (Yr.) _____ TO: (Mo.) _____ (Yr.) _____

Name of Project: _____

Property Address: _____

Name of Owner: _____

Mgt. Firm or Agent: _____

Address: _____

Does the Management Company have an ownership interest in the property? _____

Explain: _____

Are any operating expenses paid to persons with an ownership interest? _____

Explain: _____

NOTE: Income and Expense information provided will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM EVERY YEAR.

ALL OF THE INFORMATION PROVIDED HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE

Name: _____
(Please Print or Type)

Signed: _____
(Owner or Authorized Agent)

Title: _____
(Owner or Authorized Agent)

Company: _____

Telephone: _____

Date: _____

Email: _____

DATE DREA RECEIVED _____

DATE RECORD ENTRY _____

TYPE OF PROJECT

	<u>Total #of Units</u>	<u>Total # of Beds</u>	<u>Total # of Baths</u>	<u>Percentage of Annual Occupancy</u>	<u>Rent Per Bed Per Day</u>	<u>Rent Per Bed Per Month</u>
Independent Living						
Assisted Living						
Skilled Nursing						
Continuing Care Retirement Community						

Parking	# of Spaces	Rent/Mo.
Garage		
Surface		

INCOME AND EXPENSE INFORMATION

REVENUES

I 01 Resident Rooms..... _____
I 02 Meal Programs..... _____
I 03 Extended Care..... _____
I 04 Medication..... _____
I 05 Therapy..... _____
I 06 Parking..... _____
I 07 Ancillary Income..... _____

Explain: _____

I08 Other Income..... _____

Explain: _____

TOTAL REVENUES \$ _____

EXPENSES

DEPARTMENTAL COSTS AND EXPENSES

Rooms

E 01 Salaries & Wages..... _____
E 02 Payroll Taxes & Benefits..... _____
E 03 Laundry, Linen & Guest Supplies..... _____
E 04 Contract Cleaning..... _____
E 05 Equipment Leases..... _____
E 06 Other Room Expenses..... _____

Explain: _____

SUB TOTAL ROOM EXPENSES..... _____

Food & Beverages

E 07 Salaries & Wages..... _____
E 08 Payroll Taxes & Benefits..... _____
E 09 Laundry, Linen & Guest Supplies..... _____
E 10 China, Glassware, Silver & Linen..... _____
E 11 Contract Cleaning..... _____
E 12 Cost of Goods (Food & Bev)..... _____
E 13 Equipment Leases..... _____
E 14 Other Operating Costs..... _____

Explain: _____

SUB TOTAL FOOD & BEVERAGES EXPENSE.....\$ _____

Other Departmental Expenses

E15 Telephone Expenses..... _____
E16 Telephone Leases..... _____
E17 Activities/Recreation..... _____
E18 Therapy Services..... _____
E19 Other Department Expense..... _____

Explain: _____

SUB TOTAL OTHER DEPARTMENTAL EXP \$ _____

TOTAL DEPARTMENTAL EXPENSES.....\$ _____

UNDISTRIBUTED OPERATING EXPENSES:

Administrative and General

E 20 Payroll & Administration _____
E 21 Legal & Accounting Fees _____
E 22 Other Administrative Expenses _____

Explain: _____

SUB TOTAL ADMINISTRATIVE AND.....\$ _____

GENERAL EXPENSES

Management

E 23 Base Fee _____
E 24 Incentive Fee _____
E 25 Leasing Commissions _____
E 26 Other _____

Explain: _____

SUB TOTAL MANAGEMENT\$ _____

Marketing

E 27 Salaries, Wages & Benefits _____
E 28 Advertising _____
E 29 Other _____

Explain: _____

SUB TOTAL MARKETING.....\$ _____

Property Operations & Maintenance

E 30 Payroll _____
E 31 Supplies _____
E 32 HVAC Repairs _____
E 33 Electric Repairs _____
E 34 Plumbing Repairs _____
E 35 Elevator Repairs/Maintenance _____
E 36 Exterior Repairs _____
E 37 Roof Repairs _____
E 38 Parking Lot/Garage Repairs..... _____
E 39 Miscellaneous Repairs _____

Explain: _____

SUB TOTAL PROPERTY OPERATIONS\$ _____

AND MAINTENANCE

Energy Costs

E 40 Electricity _____
E 41 Gas _____
E 42 Fuel Oil _____
E 43 Water & Sewer _____

SUB TOTAL ENERGY COSTS\$ _____

E 44 Other Unallocated Expenses _____

Explain: _____

TOTAL UNDISTRIBUTED EXPENSES \$ _____

FIXED EXPENSES

Miscellaneous Taxes and Insurance

E 45 Personal Property/Business Tangible Tax _____
E 46 Business License Tax _____
E 47 Insurance (Building) _____
E 48 Insurance (Contents)..... _____

SUB TOTAL MISC TAXES & INS..... \$ _____

Service

E 49 Landscape maintenance _____

E 50 Trash Removal _____

E 51 Security _____

E 52 Snow Removal _____

E 53 Other _____

Explain: _____

SUBTOTAL SERVICE EXPENSES\$ _____

Reserves for Replacement

E 54 Reserves for Replacement..... _____

Itemize: _____

SUB TOTAL RESERVES & REPLACEMENT..... \$ _____

TOTAL FIXED EXPENSES\$ _____

TOTAL EXPENSES (DEPARTMENTAL\$ _____

UNDISTRIBUTED, & FIXED)

NET OPERATING INCOME\$ _____

Real Estate Taxes \$ _____

Renovation/Capital Improvements \$ _____

Explain: _____

FURNITURE, FIXTURES & EQUIPMENT

Historical cost\$ _____

Current Valueas of (Date: _____).....\$ _____

Replacement Value\$ _____

How are Reserves for Replacement calculated?

How is management fee calculated?

