



TOWN OF HAMDEN

OFFICE OF THE ASSESSOR

Hamden Government Center
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Ross D. Murray, CCMA II
Chief Assessor

Nursing Facility Income and Expense Supplement for Calendar Year 2015

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

General Data

Number of Rooms (or Units) # _____

Number of Licensed Beds # _____

Potential Gross Income (At 100% Occupancy):

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicaid	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ _____

Ancillary Income: \$ _____

Total Potential Gross Income \$ _____

Annualized Vacancy and Collection Loss \$ _____

Effective (Actual) Gross Income \$ _____

Annual Operating Expenses:

Fixed Expenses

Real Estate Taxes \$ _____
Personal Property Taxes \$ _____
Insurance \$ _____

Variable Expenses

Administration/Marketing/Activities \$ _____
Food Service \$ _____
Housekeeping and Laundry \$ _____
Nursing and Personal Care \$ _____
Maintenance & Janitorial \$ _____
Utilities \$ _____
Administrative, Legal & Accounting \$ _____
Management Fees \$ _____
Replacement Reserves (please explain below) \$ _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

If possible, please include a copy of your year-end Income Summary.

Yes No
 Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: _____

Comments or additional Information (may be attached):

_____/_____
Signature/Position Date