

**2024 INCOME AND EXPENSE ANALYSIS: SENIOR CARE**

For calendar or fiscal year 2023 (12 months)

Property Name: \_\_\_\_\_ Real Estate #:       -        
 Address: \_\_\_\_\_

**CONFIDENTIAL**  
 Per F.S. 195.027  
 Joyce Morgan  
 Duval County Property Appraiser  
 231 East Forsyth Street, Room 270  
 Jacksonville, Florida 32202

**INCOME:** \$                      \$                      \$

(1) TOTAL ROOM/BED/UNIT REVENUE.....	_____	
(2) FOOD.....	_____	
(3) BEVERAGE.....	_____	
(4) OTHER INCOME.....	_____	
(5) TOTAL INCOME FROM OPERATIONS.....	_____	

**COST OF GOODS SOLD:** \$                      \$                      \$

(6) ROOMS.....	_____	
(7) FOOD.....	_____	
(8) BEVERAGE.....	_____	
(9) OTHER DIRECT EXPENSE.....	_____	
(10) TOTAL COSTS AND EXPENSES.....	_____	
(11) GROSS OPERATING INCOME.....	_____	
(12) MISCELLANEOUS EXPENSES.....	_____	
(13) ADMINISTRATIVE COSTS.....	_____	
ADMINISTRATIVE & GENERAL.....	_____	
MANAGEMENT FEE.....	_____	
ADVERTISING & SALES PROMOTION.....	_____	
PAYROLL & PAYROLL TAXES.....	_____	
OTHER ADMINISTRATIVE.....	_____	
(14) UTILITIES.....	_____	
ELECTRICITY.....	_____	
WATER & SEWER.....	_____	
OTHER UTILITIES.....	_____	
(15) MAINTENANCE & REPAIR.....	_____	
MAINTENANCE & REPAIR PAYROLL.....	_____	
ELECTRIC, PLUMBING, HVAC REPAIRS.....	_____	
EXTERIOR REPAIRS.....	_____	
PARKING LOT REPAIRS.....	_____	
ROOF REPAIR.....	_____	
CONTRACT REPAIRS.....	_____	
MISCELLANEOUS MAINTENANCE & REPAIRS.....	_____	
JANITORIAL.....	_____	
(16) SERVICES.....	_____	
TRASH REMOVAL.....	_____	
LANDSCAPE.....	_____	
SECURITY.....	_____	
MISCELLANEOUS.....	_____	
(17) INSURANCE (ONE (1) YEAR ONLY).....	_____	
(18) RESERVES FOR REPLACEMENT.....	_____	
(19) TOTAL OPERATING EXPENSES.....	_____	
(20) TOTAL COSTS AND EXPENSES (TOTAL LINE (18) & (27)).....	_____	
(21) GROSS OPERATING PROFIT.....	_____	

**OTHER EXPENSES:** \$

(22) INTEREST EXPENSE CHARGED THIS PERIOD.....	_____	
(23) DEPRECIATION EXPENSE CHARGED THIS PERIOD.....	_____	
(24) PROPERTY TAX EXPENSE CHARGED THIS PERIOD.....	_____	
(25) GROUND RENT.....	_____	

**PLEASE FILL OUT FRONT & BACK OF FORM**

NOTE: IF YOU WOULD LIKE TO PROVIDE THIS OFFICE WITH A PROFIT AND LOSS STATEMENT (YEAR END 2023)  
 AND RENT ROLL AS OF JANUARY 1, 2024 IN LIEU OF FILLING THIS FORM OUT, PLEASE DO SO.

**BED COUNT RATES:**

UNIT MIX / TYPE	# BEDS	MONTHLY RATE \$\$	ANNUAL OCCUP. % ENDING 12/31/23	
1 INDEPENDENT LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
2 ASSISTED LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
3 SKILLED NURSING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
TOTAL EXISTING BEDS	_____			
TOTAL LICENSED BEDS	_____			
	AVG MONTHLY RATE	_____		
<b>PAYMENT MIX (# OF UNITS)</b>	<b># PRIVATE PAY</b>	<b># MEDICARE</b>	<b># MEDICAID</b>	<b># OTHER (SPECIFY)</b>
INDEPENDENT LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
ASSISTED LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SKILLED NURSING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____

**LEASED OPERATIONS:**

DOES THE OWNER OPERATE THE FACILITY?..... \_\_\_\_\_  
 IF LEASED TO AN OPERATOR, WHAT IS THE ANNUAL RENT?..... \_\_\_\_\_

**OTHER PROPERTY INFORMATION:**

IF YOU PURCHASED THIS PROPERTY SINCE 2021 GIVE: DATE \_\_\_\_\_ PRICE \_\_\_\_\_  
 IF YOU HAD THIS PROPERTY CONSTRUCTED SINCE 2021 GIVE: DATE \_\_\_\_\_ (Price) \_\_\_\_\_  
 COST TO CONSTRUCT \$ \_\_\_\_\_ (include both direct and indirect costs)

**MORTGAGE INFORMATION:**

	1st MTG.	2ND MTG.	3RD MTG.
DATE.....	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
ORIGINAL AMOUNT.....	\$ _____	\$ _____	\$ _____
INTEREST RATE.....	_____ %	_____ %	_____ %
TERM IN YEARS & MONTHS.....	_____ & _____	_____ & _____	_____ & _____
PAYMENT (\$ per month, semi-annual, or annual).....	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
BALLOON PAYMENT (\$ / date due).....	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**IF THIS PROPERTY IS FOR SALE GIVE:**

ASKING PRICE..... \$ \_\_\_\_\_  
 LISTING BROKER/CONTACT #..... \_\_\_\_\_  
 HOW LONG ON MARKET..... \_\_\_\_\_  
 LAST APPRAISAL DATE? APPRAISED VALUE?..... \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREPARER INFORMATION:**

PERSON PREPARING RETURN \_\_\_\_\_  
 OWNER: \_\_\_\_\_ AGENT: \_\_\_\_\_  
 DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_