Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): 

Property Address: 

Form Preparer/Position: 

Telephone Number: 

**General Data**

<table>
<thead>
<tr>
<th>Number of Rooms (or Units)</th>
<th>#________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Licensed Beds</td>
<td>#________</td>
</tr>
</tbody>
</table>

**Potential Gross Income (At 100% Occupancy):**

<table>
<thead>
<tr>
<th>Type of Patient</th>
<th>Daily Reimbursement Rates</th>
<th>Census (Patient Days)</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Semi-private</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO</td>
<td>Semi-private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>Semi-private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Semi-private</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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