



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
KENNETH M. WILKINSON, C.F.A.



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NURSING/ INDEPENDENT & ASSISTED LIVING FACILITIES

Income Questionnaire Instructions

Note: All information that you submit in response to this questionnaire will be held in strict confidence, as mandated by Florida Statute 195.027.

It is my responsibility as your Lee County Property Appraiser to annually determine the market value of all property in our county.

In order to achieve the greatest possible accuracy in the valuation of Senior Care Facilities (an income-driven property) this office each year conducts an income and expense survey. This survey information will be analyzed for the identification of market conditions in year 2011, and most importantly your specific property conditions and financial operation.

All supported information generated by this survey will be used to develop typical appraisal parameters and valuation models for Senior Care Facilities in Lee County.

If you fail to respond to this survey, the Lee County Property Appraiser will be required to assess your property utilizing strictly market parameters, as we would not have your specific financials when preparing valuation models and finalizing the Tax Roll. **Failure to submit the requested income data by April 30th, 2012 will preclude the Lee County Property Appraiser from considering the income data for the current tax year.**

If you would like assistance in completing the *income questionnaire*, you may contact:
MARC SASSO (239) 533-6204 or e-mail **SassoM@Leepa.org** in the Commercial Department.

TANGIBLE PERSONAL PROPERTY (TPP) INSTRUCTIONS

Care Facilities owners must file a **DR-405** Tax Return (Department of Revenue) form by April 1, 2012 for TPP assets. These include but are not limited to office furniture & equipment, medical equipment, furniture, appliances, etc. as required by **193.114, Florida Statutes**. The TPP assessment will then be subtracted from the facility's total value so as to avoid double taxation. If you have any questions, or if you need assistance, please contact: **TANGIBLE DEPARTMENT** (239) 533-6140, or e-mail tpp@Leepa.org.

Thank you in advance for this confidential and important information.

Respectfully requested,

A handwritten signature in cursive script that reads "K. M. Wilkinson".

Kenneth M. Wilkinson, C.F.A.
Lee County Property Appraiser

NURSING/INDEPENDENT & ASSISTED LIVING FACILITIES

INCOME & EXPENSE QUESTIONNAIRE
FOR PERIOD BEGINNING 1/1/11 AND ENDING 12/31/11

RESPONSE DEADLINE: April 30, 2012

Please attach your Profit & Loss Statement and your Rent Roll for 2011

Please Print all Information:

STRAP: _____ OWNER NAME: _____

SITE ADDRESS: _____

NAME OF FACILITY: _____

TOTAL # EXISTING BEDS: _____ TOTAL # OF LICENSED BEDS: _____

ANNUAL % OCCUPANCY FOR: IL _____ % AL _____ % SN _____ %

OF PRIVATE PAY BEDS: _____ #MEDICAIDE: _____

#MEDICARE _____ #OTHER (SPECIFY): _____

Services Provided in Monthly Base Rent

BED COUNT & RATES

<u>Type</u>	<u># Beds</u>	<u>Monthly Rate</u>
<u>INDEPENDENT LIVING</u>		
PRIVATE ROOM	# _____	@ \$ _____
SEMI-PRIVATE ROOM	# _____	@ \$ _____
<u>ASSISTED LIVING</u>		
PRIVATE ROOM	# _____	@ \$ _____
SEMI-PRIVATE ROOM	# _____	@ \$ _____
<u>SKILLED NURSING</u>		
PRIVATE ROOM	# _____	@ \$ _____
SEMI-PRIVATE ROOM	# _____	@ \$ _____

Income

Total Beds Revenue: \$ _____

Total Other Revenue: \$ _____

Expenses

UTILITIES	\$ _____	** Please specify what is included in the RESERVES FOR REPLACEMENTS expense category. Failure to specify, may exclude those expenses from being considered.
PROPERTY INSURANCE	\$ _____	
MANAGEMENT FEES	\$ _____	
MAINTENANCE & REPAIRS	\$ _____	
SALARIES	\$ _____	
HOUSEKEEPING & SUPPLIES	\$ _____	
ADVERTISING / MARKETING	\$ _____	
FOOD	\$ _____	
RESERVES FOR REPLACEMENTS**	\$ _____	
TOTAL OPERATING EXPENSES	\$ _____	

COMPLETED BY: _____ TITLE: _____

PRINT NAME

DATE: _____ PHONE: (_____) _____