



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
MATTHEW H. CALDWELL



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Fort Myers, Florida 33902-1546
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Physical Address:
2480 Thompson Street
Fort Myers, Florida 33901-3074
Website: www.leepa.org

Re: Income and Expense Questionnaire

Dear Property Owner/Manager:

Each year the Lee County Property Appraiser's office is required to determine the market value of all property in our county as of January 1. Due to Hurricane Ian, your property and business may have been significantly impacted. If Hurricane Ian impacted your business and its operations, please let us know so that we can reflect the status in our records. Additionally, each year, we ask commercial property owners to provide us with data relative to the operation of their business to assist us in our valuation process. Your information will be compared with all other similar properties and used to develop market rates for the entire class of properties. Participation by individual owners ensures that we accurately value all commercial properties in Lee County.

On the back of this letter is a form that details the type of information we are looking for in your type of business. In lieu of completing the form, you may use our online portal at www.leepa.org to report your hurricane damage and upload your income information. Simply enter your personalized code above on our home page, and we will walk you through the process. Feel free to upload a copy of your 2022 income and expense statement, rent roll, property brochure, or other applicable information prepared by your accountant or bookkeeper. Any income information you provide is confidential and will not be disclosed.

If you purchased or sold the property before December 31, feel free to enclose a copy of your closing statement that details the costs involved with the sale of the property and any allocations that were made for any tangible personal property (FF&E). This information helps in the verification of the sales transaction and ensures that we treat the sales transaction properly.

To ensure that we have adequate time to process and analyze the data, please submit your 2022 income and expense information as soon as you are able. Taxpayers generally submit their information to us when they have their taxes prepared, so we ask that you try to get it to us no later than late March or early April.

If you do not use online reporting, kindly return the form and any other information using the postage-paid envelope provided, by e-mail attachment to nunezj@leepa.org, or fax it to (239) 533-6091. Thank you in advance for your cooperation. If you have any questions or need additional information, please contact Jorge Nunez at (239) 533-6228 or send an email to nunezj@leepa.org.

Sincerely,

Matt Caldwell
Lee County Property Appraiser

**Income and Expense Statement for Senior Care Properties
For the Year Ending December 31, 2022**

DBA:

| Property Type | # of Beds Operating | # of Beds Licensed | % of Annual Occupancy | % Medicaid | % Medicare | % Private |
|-----------------------------|---------------------|--------------------|-----------------------|------------|------------|-----------|
| Skilled Nursing Facility | | | | | | |
| Assisted Living Facility | | | | | | |
| Independent Living Facility | | | | | | |
| Memory Care Facility | | | | | | |
| Other: | | | | | | |

Annual Income (In dollars)

| Facility Type | Room Type | # of Beds | Monthly Rate | \$ Beds Income |
|--------------------|--------------|-----------|--------------|----------------|
| Skilled Nursing | Private | | | |
| Skilled Nursing | Semi-Private | | | |
| Assisted Living | Private | | | |
| Assisted Living | Semi-Private | | | |
| Independent Living | Private | | | |
| Independent Living | Semi-Private | | | |
| Memory Care | Private | | | |
| Memory Care | Semi-Private | | | |

Other Rental Income (please explain):

Total Annual Income

Annual Expenses (In dollars)

| | | | | |
|---|--|--|-----|----|
| 1.) Management Fees | | | | |
| Is fee based on a percentage of revenue? (Please check yes or no). | | | Yes | No |
| If you answered yes to the above, please list the percentage of revenue. _____% | | | | |
| 2.) Administrative (including advertising, legal, accounting, etc.) | | | | |
| 3.) Payroll | | | | |
| 4.) Dietary Services/Food and Beverage | | | | |
| 5.) Nursing | | | | |
| 6.) Utilities | | | | |
| 7.) Housekeeping | | | | |
| 8.) Repairs | | | | |
| 9.) Grounds Maintenance (including trash, landscaping, parking lot, etc.) | | | | |
| 10.) Insurance Premiums | | | | |
| 11.) Reserves for Replacements | | | | |
| 12.) Cost of Contracted Resident Services (e.g. therapy, etc.) | | | | |
| 13.) Real Estate Taxes | | | | |
| 14.) Other Taxes/Fees | | | | |
| 15.) Capital Expenses | | | | |
| 16.) Other Expenses (please explain): | | | | |
| 17.) Total Annual Expenses | | | | |

Contact Information

| | | |
|------------------------------|------------|--------|
| Submitted by (please print): | | Title: |
| Date: | Telephone: | Email: |
| Property Address: | | |