



***CITY OF MERIDEN OFFICE OF THE ASSESSOR***  
**Skilled Nursing /Assisted Living Facility/ Residential Care Home**  
**Income and Expense Survey for Calendar Year 2022**

Information provided is CONFIDENTIAL, in accordance with Connecticut General Statutes

Owner of Record: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_ Property ID# \_\_\_\_\_  
Form Preparer/Position: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

**GENERAL INSTRUCTIONS:** This form should be completed using the annual information for calendar year 2022, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for the year of 2022. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

**General Data**

Name of Facility : \_\_\_\_\_  
Year Built \_\_\_\_\_ Year of last Renovation: \_\_\_\_\_  
Description of work: \_\_\_\_\_ Cost: \_\_\_\_\_  
Number of Rooms (or Units) \_\_\_\_\_  
Number of Licensed Beds \_\_\_\_\_  
Annual Occupancy \_\_\_\_\_

**Facility Operations**

Which best describes your facility? Please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Long Term Care     | <input type="checkbox"/> Short Term Care | <input type="checkbox"/> Out Patient Services |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Other (Define) _____ |



***CITY OF MERIDEN OFFICE OF THE ASSESSOR***  
**Skilled Nursing /Assisted Living Facility/ Residential Care Home**  
**Income and Expense Survey for Calendar Year 2022**

**Annual Gross Income**

**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			
<b>Total Income from Rooms</b>				

Total Income from Rooms (see table above) \_\_\_\_\_

Out Patient Services \_\_\_\_\_

Medical Equipment/Supplies \_\_\_\_\_

Food and Beverage \_\_\_\_\_

Telephone, Cable, WiFi \_\_\_\_\_

Minor Operated Departments(Define) \_\_\_\_\_

Miscellaneous Rentals (Define) \_\_\_\_\_

Other (Define) \_\_\_\_\_

**Total Annual Revenue \$** \_\_\_\_\_

**Annual Cost of Goods Sold**

Medical Equipment/Supplies \_\_\_\_\_

Food and Beverage \_\_\_\_\_

Minor Operated Departments \_\_\_\_\_

Other (Define) \_\_\_\_\_

**Cost of Goods Sold \$** \_\_\_\_\_

**Effective Annual Income \$** \_\_\_\_\_  
(Total income –Cost of Goods Sold)



***CITY OF MERIDEN OFFICE OF THE ASSESSOR***  
**Skilled Nursing /Assisted Living Facility/ Residential Care Home**  
**Income and Expense Survey for Calendar Year 2022**

**Annual Operating Expenses**

Advertising	_____
Administrative	_____
Electric	_____
Exterminating	_____
Heat	_____
Housekeeping and Laundry	_____
Insurance	_____
Janitorial/Cleaning	_____
Management	_____
Nursing and Personal Care	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
Reserves for Replacement (Attach Detail)	_____
Rubbish Removal	_____
Security	_____
Sewer	_____
Snow Removal	_____
Supplies (Office, Cleaning,)	_____
Water	_____
Other (Define)_____	_____
Other (Define)_____	_____

**Total Operating Expenses \$**\_\_\_\_\_

**Net Operating Income \$**\_\_\_\_\_  
(Effective Annual Income – Total-Operating Expenses)

Real State Taxes	_____
Depreciation	_____
Mortgage Interest	_____

**Please include a copy of your year-end Income Summary.**

Do any of the figures include capital expenditures or extraordinary costs, which vary from typical operating expenses? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

---

Please attach comments or other information on a separate page.



**CITY OF MERIDEN OFFICE OF THE ASSESSOR**  
**Skilled Nursing /Assisted Living Facility/ Residential Care Home**  
**Income and Expense Survey for Calendar Year 2022**  
**Verification of Purchase Price**

Purchase Price	\$	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____	Fixed Rate	Variable Rate
First Mortgage	\$	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Second Mortgage	\$	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Other	\$	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Chattel Mortgage	\$	Interest Rate	_____ %	Payment Schedule Term	_____ Years		

Did the purchase price include payment for furniture and or equipment ? ☐ Yes ☐ No

Has the property been listed for sale since your purchase? ☐ Yes ☐ No      If, Yes please state Asking Price \_\_\_\_\_, Date Listed \_\_\_\_\_, Broker \_\_\_\_\_

Remarks: Explain special circumstances or reason for your purchase. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Affidavit of Facts**

**As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property.**

Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after June 1, 2023, will have a 10% penalty applied to the October 1, 2022 Grand List, July 1, 2023 billing cycle.

I do hereby declare under penalties of false statement that the information provided is according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above identified property (section 12-63c (d) of the Connecticut General Statutes).

Signature _____	Date _____
Name (print) _____	Title _____
	Phone _____