



## Town of Vernon Assessor's Office

8 Park Place, Vernon, CT 06066  
Tel: (860) 870-3625  
Fax: (860) 870-3586  
E-mail: [dwheeler@vernon-ct.gov](mailto:dwheeler@vernon-ct.gov)

### Skilled Nursing Facility Income and Expense Survey for Calendar Year 2020

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.  
Please submit prior to June 1st, 2021 to avoid a 10% Assessment Penalty

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Preparer/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### General Data

Number of Rooms (or Units) \_\_\_\_\_

Number of Licensed Beds \_\_\_\_\_

#### **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			

Potential Annual Rental Income (Full Occupancy) \$ \_\_\_\_\_

Ancillary Income: \$ \_\_\_\_\_

Total Potential Gross Income \$ \_\_\_\_\_



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**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