



**INCOME AND EXPENSE QUESTIONNAIRE – CITY OF BATH, ME  
NURSING HOME/ASSISTED LIVING TYPE PROPERTIES  
FOR 12 MONTHS ENDING DECEMBER 31, 2023**

Please return within 30 days to:  
Assessor’s Office, City of Bath, 55 Front St., Bath, ME 04530

**NOTE: THIS IS A TWO SIDED DOCUMENT  
NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE**

Parcel Location: 1 Washington St. (Thomas & Orchard Lanes) Parcel Map and Lot: 43-021-001

**SECTION I: GENERAL DATA**

Gross Building Area in SF:		Total number of beds available	
Total Parcel Land Area:		Annual occupancy (percent)	
Building Age:		Annual average daily census (#)	

**SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2023**

**Unit Configuration** *If additional categories are needed, please provide information on a separate sheet.*

Service Type (describe)	Total number of rooms/units	Total # of beds per room/unit	Average daily census in 2022	Average annual income per unit type
Rehabilitation				\$
Rehabilitation				\$
Skilled Nursing				\$
Skilled Nursing				\$
Assisted Living Units:				\$
Other (describe)				\$
<b>TOTAL</b>				

- If this form is not sufficient to describe operations, please provide information on a separate sheet.
- Enter annual income below **AS IF ALL BEDS/ROOMS ARE OCCUPIED**.
- Subtract **ACTUAL INCOME RECEIVED** from **LINE 9** and allocate the difference to vacancy or concessions/bad debt (lines 9 and 10)
- **Other Income (Lines 7 and 8)** includes items such as: cell towers, vending, parking, billboards, equipment rental, etc. Describe and enter.

1. Income from rehabilitation care units ( <i>calculate as if fully occupied</i> ):		\$
2. Income from skilled nursing care units ( <i>calculate as if fully occupied</i> ):		\$
3. Income from assisted living units ( <i>calculate as if fully occupied</i> ):		\$
4. Income from other services ( <i>Describe</i> )		\$
5. Income from other services ( <i>Describe</i> )		\$
6. Income from other services ( <i>Describe</i> )		\$

7. Other Income: <i>(Describe)</i>		\$
8. Other Income: <i>(Describe)</i>		\$
<b>9. Potential Gross Income: (Add 1 through 8)</b>		\$
10. Loss due to vacancy: See note above.		\$
11. Loss due to concessions/bad debt: See note above.		\$
<b>12. Total Vacancy and Collection Loss: (Add 10 and 11)</b>		\$
<b>13. Effective Gross Income (Subtract 12 from 9)</b>		\$

### SECTION III: EXPENSES FOR CALENDAR YEAR 2023

- If this form is not sufficient to describe operations, please provide information on a separate sheet.
- Indicate if any expenses are paid directly by residents (R). If entering "Other," please describe.

Expense Type	Amount	O	R	Expense Type	Amount	O	R
1. Management Fee				19. Maintenance Wages			
2. Legal/Accounting				20. Maintenance Contract Fee			
3. Security				21. Maintenance Supplies			
4. Payroll				22. Maintenance Groundskeeping			
5. Group Insurance				23. Maintenance Trash Removal			
6. Telephone				24. Maintenance Snow Removal			
7. Advertising				25. Maintenance Exterminator			
8. Commissions				26. Maintenance Elevator			
9. Repairs Exterior				27. Insurance (1 Year Premium)			
10. Repairs Interior				28. Reserves for Replacement			
11. Repairs Mechanical				29. Travel			
12. Repairs Electrical				30. Resident services			
13. Repairs Plumbing				31. Other			
14. Utilities Gas				32. Other			
15. Utilities Oil				33. Other			
16. Utilities Electricity							
17. Utilities Water				<b>34. TOTAL (Add 1 through 33)</b>			
18. Utilities Sewer				35. Real Estate Taxes			

### SECTION VI: CONFIDENTIALITY AND SIGNATURE

The information on this form is confidential and proprietary information under Title 36 §706-A M.R.S.

**I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*Please print.*

**Signature of owner or preparer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date** \_\_\_\_\_