

**INCOME/EXPENSE ANALYSIS: NURSING HOMES**

For Calendar Year **2015**

**REAL ESTATE DIVISION**

**CONFIDENTIAL**  
**Per F. S. 195.027**

Marsha M. Faux, CFA, ASA  
Polk County Property Appraiser  
255 N. Wilson Avenue  
Bartow, Florida 33830-3901

**BUSINESS NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**REAL ESTATE #:** \_\_\_\_\_

**INCOME COLLECTED:** \_\_\_\_\_ \$ \_\_\_\_\_  
**(LAST CALENDAR YEAR)**

**VACANCY AND COLLECTION LOSS** \_\_\_\_\_ % AND/OR \$ \_\_\_\_\_  
**(ANNUAL % AND/OR DOLLAR LOSS)** **ANNUAL VACANCY%**

**EXPENSES:**

ADMINISTRATIVE \$ \_\_\_\_\_

INSURANCE \$ \_\_\_\_\_

UTILITIES \$ \_\_\_\_\_

MAINTENANCE AND REPAIRS \$ \_\_\_\_\_

SUPPLIES \$ \_\_\_\_\_

REAL ESTATE TAXES \$ \_\_\_\_\_

RESERVES \$ \_\_\_\_\_

OTHER EXPENSES (SPECIFY) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

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TYPE OF UNITS	SQ. FT. OF UNITS	NUMBER OF UNITS	MONTHLY RENT	ANNUAL GROSS POTENTIAL

<b>TOTAL NUMBER OF UNITS</b>	_____	<b>SUB TOTAL</b>	_____
<b>TOTAL NUMBER OF BEDS</b>	_____	<b>OTHER INCOME</b>	_____
<b>NUMBER OF VACANCIES</b> (Yearly Average)	_____	<b>TOTAL</b>	_____

SIGNATURE/TITLE \_\_\_\_\_  
DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_