

## MIKE TWITTY, MAI, CFA PINELLAS COUNTY PROPERTY APPRAISER

PO Box 1957, Clearwater, FL 33757-1957 www.pcpao.gov (727) 464-3207 confidential@pcpao.gov

Owner Name:	
Physical Address:	
Mailing Address:	
Parcel ID Number:	Property Use Code:

It is the responsibility of the Pinellas County Property Appraiser's Office to annually determine the market value of all property in the county. In order to achieve the greatest possible accuracy in the valuation of income producing properties, this office annually conducts an income and expense survey.

Please submit a year-end 2021 Income and Expense Statement, Rent Roll, and/or other pertinent Operating Statements. The information gathered will be used only by the Property Appraiser's Office and will be kept in strict confidence per *Section 195.027*, *Florida Statutes*. This information will be analyzed for the identification of market conditions for the year 2021, and will be used to develop typical appraisal parameters and valuation models for your property type.

The requested information may be submitted year-round, however should be received by May 1, 2022 to be considered in the 2022 valuation. If you purchased this property during the last 12 months, please submit information for the period of your ownership, and reference the dates with which your data applies. For your convenience, **confidentially submit your completed data by clicking the button at the end of the form (confidential@pcpao.gov) or mail to the address above**. Note: If you are a tax representative for the property owner, please include an updated letter of authorization.

Your cooperation and prompt attention is greatly appreciated. If you have any questions, please do not hesitate to call us at (727) 464-3207 and ask for your area appraiser.

Sincerely,

Mike luy

Pinellas County Property Appraiser

## SENIOR CARE INCOME AND EXPENSE SURVEY CONFIDENTIAL Information per F.S. 195.027 For Use By Pinellas County Property Appraiser's Office Only

% Medicaid

% Medicare

% Private

% Annual Occupancy

# Occupied Beds

Property Type

Skilled Nursing
Assisted Living

# Licensed Beds

Independent					
Memory Care					
Other					
Totals					
2021 GROSS INCOME		Income D	Data for January 1	l, 2021 thru Dece	ember 31, 2021
Attach o	complete Profit & Loss S	<mark>Statement an</mark>	d Rent Roll as of	January 1, 2022	
Facility Type	Room Type	# Beds	Monthly Rate	Income	
Skilled Nursing	Private				
Skilled Nursing	Semi-Private				
Assisted Living	Private				
Assisted Living	Semi-Private				
Independent Living	Private			1	
Independent Living	Semi-Private				<del> </del>
Memory Care Memory Care	Private			+	$\dashv$
Other	Semi-Private				<del> </del>
Total 2021 Actual Income	Received			\$	
2021 OPERATING EXP		Expense D	Data for January 1	l, 2021 thru Dece	ember 31, 2021
Dietary Services/Food & Bev	verage		\$		
Nursing			\$		
Housekeeping			\$		
Cost of Contracted Resident	t Services (Therapy, etc.)		\$		
Administrative			\$		
Management Fees			\$		
Payroll & Employee Benefits			\$		
Insurance (Building & conte	ents)		\$		
Flood Insurance			\$		
Professional Fees (Accounting			\$		
Utilities (Electric, water, sew	•		\$		
Services (Grounds maintena			\$		
Repairs & Maintenance (no	capital improvements)		\$		
Reserves for Replacements			\$		
Other (specify)			\$		
Total 2021 Operating Expe				\$	
2021 Net Operating Incon	ne (before taxes, capital in	nprovements &	x otner expenses)	\$	
2021 CAPITAL IMPRO			Oata for January 1		ember 31, 2021
	Please specify improvement		. 5 .	<b>.</b>	
	<b></b> \$			\$_	
Prepared by:		Title:_		Date:	
Signature:		Phone:			
Please attach additional pages (	as necessary.	Email:			
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