OFFICIAL REQUEST

ELDERLY HOUSING, ASSISTED LIVING, AND NURSING HOME INCOME AND EXPENSE SURVEY

CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
703.746.4646

Tax Assessment Map #	Abstract Code	Account #

Owner Name:	
Mail Addr1:	
Mail Addr2:	
Mail City:	
State:	

This form is accessible via the Office's website at www.alexandriava.gov/realestate
If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.

Return to:
CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
P. O. Box 178
Alexandria, Virginia 22313-1501

Dear Property Owner:

The Office of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the **Code of Virginia** that requires you to furnish this office with income and expense data for any income producing properties for calendar year 2014. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the **Code of Virginia**.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2014 calendar year.

Income information related to calendar year 2014 that you may have previously submitted to the Office of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request**. The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property.

I would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, that is based upon the income or expense attributable to your property will not be considered unless this information has been filed on time.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 1, 2015,** or postmarked by the U.S. Postal Service no later than **May 1, 2015**.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

The Office of Real Estate Assessments

Enclosure

A. The Income and Expense Information must be placed on this form. No alternative forms may be used. If you should have any questions or need assistance please call our office at 703.746.4646.

CERTIFICATION

(State law requires certification by the owner or officially authorized representative. Please type or print)

Facility Name:	Owner Name(s):
Property Address:	
Property Type: (check all that apply) ❑ Skilled Nursing Facility ❑ Assisted Living / Personal Care ❑ Independent Living Units or Elderly Apartments ❑ Lifecare Facility or Continuing Care Retirement Community	

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Name of Management Company:	Contact Person: Email:
Mailing Address:	Signature:
	Title:
Phone:	Date:

B. DESCRIPTION OF THE FACILITY

Please check the box or boxes below that best describe this facility.

1.	INDEPENDENT LIVING	
☐	Total number of Units	
	Percentage of Annual occupancy	0.00%

2.	ASSISTED LIVING	
☐	Total number of Units	
	Total number of beds	
	Percentage of Annual occupancy	0.00%

3.	LIFECARE OR CONTINUING CARE RETIREMENT COMMUNITY	
☐	Total number of Units	
	Total number of beds	
	Percentage of Annual occupancy	0.00%

4.	SKILLED NURSING FACILITY	
☐	Total number of beds	
	Annual occupancy	0.00%

C. ANNUAL INCOME (CALENDAR YEAR 2014)

01	Resident Fees	$
02	Community Fees	$
03	Extended Care	$
04	Medication Fees	$
05	Incontinence Management	$
06	Adult Day Care/Home Health	$
07	Meal Programs	$
08	Therapy Revenue	$
09	Ancillary Revenue	$
10	Other Revenue	$
11	TOTAL REVENUE (total of lines 01 through 10)	$ 0

D. DEPARTMENTAL EXPENSES

12 Dietary ..... $_____
13 Housekeeping/Laundry ..... $_____
14 Activities/Recreation ..... $_____
15 Administration ..... $_____
16 Maintenance and Security ..... $_____
17 Utilities ..... $_____
18 Transportation ..... $_____
19 Resident Care ..... $_____
20 Sales and Marketing ..... $_____
21 Therapy Services ..... $_____
22 Ancillary Costs ..... $_____

23 TOTAL DEPARTMENTAL EXPENSES (total of lines 12 through 22) ..... $_____

E. NON-DEPARTMENTAL EXPENSES

24 Management Fee ..... $_____
25 Personal Property Tax ..... $_____
26 Real Estate Tax ..... $_____
27 Other Taxes ..... $_____
28 Insurance ..... $_____
29 Other Non-Department Expenses ..... $_____
30 Miscellaneous ..... $_____

31 TOTAL NON-DEPARTMENTAL EXPENSES (total of lines 24 through 30) ..... $_____

F. TOTAL OPERATING EXPENSES (total of lines 23 and 31) ..... $_____

G. CAPITAL IMPROVEMENTS

Has the property had Capital Improvements or Capital Renovations during this reporting period? ☐ Yes ☐ No

If yes, please provide total costs and attach a detailed list on a separate page. Please reflect only those capital costs that were actually expensed in calendar year 2014.

H. FURNITURE, FIXTURES AND EQUIPMENT (FF&E) AND PERSONAL PROPERTY

What was the value of personal property or FF&E as reported on the City of Alexandria Personal Property Tax Form?
$ _____

I. Is there any other information you consider pertinent to the equitable evaluation of this property? Please attach additional sheets if necessary.

J. DEBT SERVICE INFORMATION

Has there been a professional appraisal on this real property in the last five years? ☐ Yes ☐ No
If yes, appraiser's estimate of value $ _____ Date of value _____

Attach File

SUBMIT