

The Income and Expense Information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance please call our office at 703.838.4646.

CERTIFICATION

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

Facility Name:	Property Address:
Owner Name(s):	
Property Type: (Check all that apply)	<input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Independent Living Units or Elderly Apartments <input type="checkbox"/> Assisted Living / Personal Care <input type="checkbox"/> 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:
Mailing Address:	Print Name:
Phone:	Title:
Date:	Signature (required)

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A. UNIT / BED, VACANCY AND RATE INFORMATION (calendar year 2007)

1. Independent Living: Total number of units: _____

Unit Type (Apartment or other)	# Units	# Bedrooms	Current Rate per Month / Day

What services are offered to independent living residents and included in the above rates?

How much of the rates are allocated to these services?

2. Assisted Living: Total number of units: _____ Total number of beds _____

	Rate per Month / Day (specify) -List range if necessary
Private Room	\$ _____
Semi-Private Room	\$ _____
Does the pay rate differ based on the acuity level of each resident? Yes _____ No _____ If yes, specify _____	
What services are offered to Assisted Living or Personal Care residents? _____	
How much of the rates are allocated to these services? _____	

3. Lifecare Facilities or Continuing Care Retirement Communities:

Does the facility have any endowment or entrance fee? Yes _____ No _____
Is the fee refundable or partially refundable? Yes _____ No _____

(Please attach a schedule of fees for the different plans available)

4. Nursing Beds: Total number of beds: _____

a. PRIVATE PAY

	Private Room	Semi-Private	Ward	Total
1. Private Pay bed count:				
2. Private Pay occupied beds as of January 1, 2007:				
3. Daily Private pay rate for:				
4. Total private patient days during this reporting period: _____	5. Actual annual private pay income received during this reporting period \$ _____			

b. MEDICAID PAY

	Private Room	Semi-Private	Ward	Total
1. Medicaid certified bed count				
2. Occupied Medicaid beds as of January 1, 2007				
3. Current Medicaid Reimbursement Rate: (per patient day)	Routine: _____		Ancillary: _____	
	Capital Payment: _____		Total Medicaid Rate: _____	
4. Total Medicaid patient days during this reporting period: _____	5. Actual annual Medicaid income received during this reporting period: _____			

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c. MEDICARE PAY

	Private Room	Semi-Private	Ward	Total
1. Medicare certified bed count				
2. Occupied Medicare beds as of January 1, 2007				
3. Current Medicare Reimbursement Rate: (per patient day)	Routine: _____		Ancillary: _____	
	Capital Payment: _____		Total Medicare Rate: _____	
4. Total Medicare patient days during this reporting period: _____	5. Actual annual Medicare income received during this reporting period: \$ _____			

d. OTHER REVENUE NOT INCLUDED IN DAILY OR MONTHLY RATE (during this reporting period)

1. Ancillary Services and Therapy: _____	4. Special Dietary: _____
2. Medicare: _____	5. Other Supplies: _____
3. Linen / Laundry Services: _____	6. Other (specify): _____

B. In addition to the information requested, you must attach to this survey the 2007 year ending operating statement for your facility.

C. CAPITAL IMPROVEMENTS, RENOVATIONS:

Has the property had Capital Improvements or Capital Renovations during this reporting period: Yes _____ No _____

If yes, please provide total cost here and attach a detailed list on separate page. Total capital cost: _____

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

What was the value of personal property or FF&E as reported on the 2007 City of Alexandria Personal Property Tax form? _____

E. ADDITIONAL INFORMATION:

1. Are land and/or buildings now being leased: Yes _____ No _____ If, yes, please describe terms, (e.g. lease term, rent, special conditions).

2. Is there any other information you consider pertinent to the equitable valuation of this property? (please attach additional sheets if necessary)

F. DEBT SERVICE INFORMATION:

	LOAN AMOUNT	LOAN DATE	TERM	INTEREST RATE %	PAYMENT (P&I)	PAYMENT FREQUENCY MO. OR YR.
1						
2						

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 _____

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