

**INSTRUCTIONS FOR COMPLETING  
ELDERLY HOUSING, ASSISTED LIVING AND NURSING HOME  
INCOME AND EXPENSE SURVEY**

The following instructions are provided to assist you in completing the survey. If you have any questions or need further assistance, please call 703.838.4646.

**CERTIFICATION:**

Certification of this information by the owner or officially authorized representative is required by state law (Code of Virginia 58.1-3294). Please print or type the name and title of the person certifying the information. Also provide the name and phone number of the person to contact in your organization if our office has questions about the information.

**A. Unit/Bed, Vacancy, and Rate Information**

1. Independent Living

**Total number of units** - Total number of independent living units in property. Please list on each line the different types of independent units, the number of each type, the number of bedrooms, and the current pay rate for each type of unit. Please specify if the rate is on a per month or per day basis.

**Services offered** - Specify the services that are included in the independent pay rates. (For example: meals, recreation, transportation services, nursing staff, wellness clinic, utilities, etc.)

**Rates allocated to services** - State how much of the independent pay rates are allocated for the services offered to independent living residents.

2. Assisted Living

Total number of units and beds

**Rates** - State the pay rate per month or day for both private and semi-private rooms. Show a range if necessary.

**Services offered** - Specify the services that are included in the assisted living pay rates. (for example: number of meals each day, nursing services, physical therapy, recreation, etc.)

**Rates allocated to services** - State how much of the pay rates are allocated for the services offered to assisted living residents.

**A. Unit/Bed, Vacancy, and Rate Information - continued**

3. Lifecare Facilities

Please attach a schedule of fees for the different plans available.

4. Nursing Beds

**A. Private pay** - Self-explanatory

**B. Medicaid pay** - Self-explanatory

**C. Medicare pay** - Self-explanatory

**D. Other revenue** - List any other revenue received during the reporting period which is not attributed to Private pay, Medicaid pay or Medicare pay.

**B. Annual Net Operating Information**

Note: In addition to the information requested, you must attach to this survey the 2008 year ending operating statement for your facility.

**C. Capital Improvements, Renovations**

Capital expenditures are investments in remodeling or replacements which materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. If this section applies to your property, answer yes and list on an attached sheet the items considered to be capital investments. Enter the amount of the capital cost for this reporting period only.

**D. Furniture, Fixtures and Equipment (FF&E) and Personal Property**

Self-explanatory

**E. Additional Information**

Self-explanatory

**F. Debt Service Information**

Please provide information in regard to any loan placed on the property within the last five years. Please include any new loans or refinancing of original debt. The information requested is used to analyze financing trends and assists in determining typical debt coverage ratios.