



**2027 Property Income and Expense Questionnaire NURSING
HOME AND RETIREMENT RESIDENCE PROPERTY TYPES**

Information for year ending December 31, 2025

GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)

Assessment Account Identifier (eg. 01234567 54-0113)	
Property Location	
Owner	
Corporate Email Address	

BUILDING INFORMATION

Name of Residence:		Number of Stories	
Year Built		Construction Type (wood, concrete, steel)	
Year Renovated		On-site Kitchen Facilities	[] Yes [] No
		On-site Laundry Facilities	[] Yes [] No

FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY):

NURSING HOME SUMMARY

Bed Breakdown	Number of Beds	Per Diem Rate as of April 1, 2021
Private Beds		
Semi-Private Beds		
Ward Beds		
Total Number of Beds		
Occupancy Rate (Percent)		

RETIREMENT SUMMARY

Unit Type	Number of Units	Average Monthly Rent	Annual Rent Per Unit Type	In Room Kitchenette	Furnished
Sample One Bedroom	25	\$3,000	\$36,000	√	√
Bachelor					
One Bedroom					
Two Bedroom					
Occupancy Rate					

ACTUAL REVENUE

Nursing Home Revenue (incl gov't funding)		Charitable Donations	
Retirement Home Revenue		Food Revenue	
Apartment Revenue (if applicable see pg 3)		Commercial Tenants (if applicable, please complete page 4)	
Endowment Funds		Parking Revenue	
		Other (please specify): _____	
Total Revenue Collected			

Return ALL PAGES to PVSC by email, mail and/or fax:

Contact PVSC regarding any questions or information at:

Email:	inquiry@pvsc.ca	Phone:	1-800-380-7775 (Within North America) 1-902-893-5800 (Outside North America)
Fax:	1-888-339-4555 (Within North America) 1-902-893-6101 (Outside North America)	Website:	www.pvsc.ca
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

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Page 2 of 4

Please provide your Assessment Account Identifier, as entered on Page 1:

OPERATING EXPENSES	
Management	
Administration	
Cost of Room Sales	
Salaries & Benefits	
Dietary Supplies and Services	
Utilities	
Telephone Expense	
Repairs and Maintenance	
Elevator Maintenance	
Grounds, Parking & Snow Removal	
Security	
Professional Fees - Legal & Audit	
Property Insurance	
Advertising	
Travel / Vehicle	
Minor Operating Expense	
Other (please specify): _____	
Total Operating Expenses	

NET OPERATING INCOME
(before Depreciation, Debt Service & Realty Taxes)

Debt Service and Taxes

Identify Major Renovations or Capital Expenditures

Have there been Capital Improvements or Capital Renovations completed during this reporting period? If yes, please specify below.	Yes []	[] No
Item 1:	Associated Cost:	
Item 2:	Associated Cost:	
Please attach a detailed list if space provided is insufficient	Total Capital Cost:	

CERTIFICATION: As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct and complete.

Name (Please Print)	Position	I am: [] Owner / Employee [] Agent / Management Company
Signature and Email of Signatory:	Phone	Date

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TOTAL ACTUAL RECOVERABLE EXPENSES (CAM)	Area (SF)	Operating Expenses (PSF)	Property Taxes (PSF)
Retail Tenants			
Office Tenants			
Other (please specify)			

MONTHLY PARKING and STORAGE INFORMATION		
Type	Number of Spaces / Units	Rate Per Space / Unit
On-site Indoor Parking		
On-site Outdoor Parking		
On-site Storage Units		

APARTMENT RENTAL INFORMATION												
INFORMATION MUST BE REPORTED FOR THE ENTIRE PROPERTY INCLUDING VACANT UNITS						INCLUDED IN RENT						
Unit Type	Number of Baths in Unit		Average Monthly Rent	Size of Typical Unit (SF)	Heat	Electricity	Washer/Dryer		Dishwasher	Microwave	Cable	Furniture
# of Bedrooms	# of Units	Full					Half	In Unit				
Sample One Bedroom	25	1	1	\$725	√	√		√	√		√	
Bachelor												
One												
One + Den												
Two												
Two + Den												
Three												
Three + Den												
Other (Specify Below)												
Other details:												
TOTAL UNITS												

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