

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

Assessment Account Identifier (eg. 01234567 54-0113)	PARID - JUR - LUC
Property Location	LOCATION
Owner	OWN1 OWN2
Corporate Email Address	

**BUILDING INFORMATION**

Name of Residence:		Number of Stories	
Year Built		Construction Type (wood, concrete, steel)	
Year Renovated		On-site Kitchen Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
		On-site Laundry Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> 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	0	
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			0.00		
One Bedroom			0.00		
Two Bedroom			0.00		
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	
Government Assistance Income		Other (please specify): _____	
<b>Total Revenue Collected</b>			<b>0.00</b>

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

**Contact PVSC regarding any questions or information at:**

Email:	<a href="mailto:inquiry@pvsc.ca">inquiry@pvsc.ca</a>	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:	<b>www.pvsc.ca</b>
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

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Date Received:	Date Scanned:	Date Logged:	Date Input:

## 2024 Property Income and Expense Questionnaire NURSING HOME AND RETIREMENT RESIDENCE PROPERTY TYPES

\*Information for year ending December 31, 2022\*

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Please provide your Assessment Account Identifier, as entered on Page 1:	PARID - JUR - LUC
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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	
Additional COVID-19 Related Expenses (please specify):	
Other (please specify): _____	
<b>Total Operating Expenses</b>	<b>0.00</b>

<b>NET OPERATING INCOME</b> (before Depreciation, Debt Service & Realty Taxes)	
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Debt Service and Taxes	
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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:	0.00

**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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**2024 Property Income and Expense Questionnaire**  
**NURSING HOME AND RETIREMENT RESIDENCE PROPERTY TYPES**  
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Page 3 of 4

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PARID - JUR - LUC

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	Shared				
Sample One Bedroom	25	1	1	\$725		√	√		√	√		√	
Bachelor													
One													
One + Den													
Two													
Two + Den													
Three													
Three + Den													
Other (Specify Below)													
Other details:													
TOTAL UNITS		0											

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COMMERCIAL RENTAL INFORMATION (if applicable)														
TENANT TYPE	LOCATION		TENANT NAME OR VACANT	LEASE START DATE DD/MM/YYYY	LEASE END DATE DD/MM/YYYY	AREA OCCUPIED (SF)	AREA VACANT (SF)	CONTRACT RENT (PSF)	OVERAGE OR PERCENT RENT (PSF)	EXPENSES INCLUDED IN RENT (PSF)	RECOVERY INCOME / CAM (PSF) COLLECTED		TOTAL CHARGES (PSF)	MARKET RENT (PSF) FOR VACANT SPACE
	FLOOR	SUITE #									OPERATING EXPENSES	PROPERTY TAX EXPENSE		
OFFICE [O] RETAIL [R] WAREHOUSE (W) STORAGE [S]			Must include all owner occupied space					For step-up or renewal leases indicate rent payable as of relevant year end.  (A)	(B)	Report for "Gross"/ "Semi-Gross" or "Base Year" leases only			Total revenue PSF received from tenant  (=A + B + C + D)	Please provide asking rent on vacant area; if gross rent indicate with an asterisk (*)
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
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