

**INSTRUCTIONS FOR COMPLETING  
THE PROPERTY INCOME & EXPENSE QUESTIONNAIRE  
FOR:  
NURSING HOME / RETIREMENT RESIDENCE PROPERTY  
TYPES**



The following instructions are provided to aid you in filling out the Income and Expense Questionnaire form for Nursing Home and Retirement Residence properties. If you have any questions, please call our office at 1-800-380-7775.

**From Page 1 of form:**

**General Account Information**

<b>Assessment Account Identifier</b>	The property identification number assigned to an individual property by Nova Scotia Land Registry. This number carries with the property, regardless of changes in ownership, and can be found on the request letter accompanying your form.
<b>Property Location</b>	The street address at which the property is physically located.
<b>Owner</b>	The registered owner of the property.
<b>Corporate Email Address</b>	The general email account for the corporation or associated company that owns the company.

**Building Information**

<b>Name of Residence</b>	The name of the building as known to the general public.
<b>Year Built</b>	The date of original building construction.
<b>Year Renovated</b>	The year in which the last renovation to the property was completed.
<b>Number of Stories</b>	The number of levels or stories in the building, not including the basement.

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<b>Construction Type</b>	The type of materials used in the principal structural components of the building (i.e. wood frame).
<b>On-site Kitchen Facilities</b>	If the building contains a full kitchen which is used to prepare for the daily dietary needs of all residents, select 'Yes'. Where meals are prepared at another location and delivered to the property and a full kitchen for the entire property is not required, select 'No'.
<b>On-site Laundry Facilities</b>	If the building contains full laundry facilities to clean all linens for the property, select 'Yes'. If there are no laundry facilities on-site, and the service is provided at another location, select 'No'.

### **Financial Reporting Period**

The financial reporting period at, or near, the date of valuation (base date) for the given assessment year. All revenue, vacancy, bad debt and expense information should be reported for the previous year, ending December 31<sup>st</sup>, or the most recent fiscal year-end available.

### **Nursing Home Summary**

<b>Number of Beds</b>	The number of beds in the facility used for the purpose of providing care and accommodation (differentiated by type of bed).
<b>Per Diem Rate as of April 1 of the previous year</b>	The daily rate set by the Department of Health and Wellness that provides for both health care and accommodation costs (differentiated by type of bed where warranted).
<b>Private Beds</b>	Beds located in single occupancy rooms.
<b>Semi-private Beds</b>	Beds located in double occupancy rooms.
<b>Ward Beds</b>	Beds located in rooms that accommodate three or more residents.
<b>Total Number of Beds</b>	Total Number of Beds in the facility used for the purpose of providing care and accommodation. This amount should be the sum of all beds listed above.

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**Occupancy Rate** The total number of days that all beds are occupied divided by the total number of beds available during the fiscal year.

**Retirement Summary**

**Unit Type** Identification of the type of apartment by the number of bedrooms in the unit.

**Number of Units** Identification of the number of units within the building that are the same type.

**Average Monthly Rent** Average monthly rate charged as of December 31.

**Annual Rent per Unit Type** Average annual rate charged for the fiscal period.

**In Room Kitchenette** Does the unit come with a kitchenette?

**Furnished** Does the unit come furnished?

**Occupancy Rate** The total number of units occupied each month divided by the total number of units available during the fiscal year.

**Actual Revenue**

**Nursing Home Revenue** The actual income received from all nursing beds during the reporting period, including government funding.

**Retirement Home Revenue** The actual total rent received from the rental of retirement unit(s) during the reporting period.

**Apartment Revenue** The actual total rent received from the rental of apartment units(s) during the reporting period.

**Endowment Funds** The actual income from all endowment funds received during the fiscal period. Endowment funds typically provide for a long-term investment of gifts and donations, and allow for periodic withdrawals of partial funds.

**Charitable Donations** The actual income from all donations.

**Food Revenue** Actual income from the sales of food and beverage.

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<b>Commercial Tenants</b>	Any income received during the reporting period from commercial tenants that is not covered in another category.
<b>Parking Revenue</b>	Any rental income received for on-site garage and/or surface parking spaces during the reporting period.
<b>Other Income (please specify)</b>	Any additional income received during the reporting period that is not covered in another category (specify the type or source of income).
<b>Total Revenue Collected</b>	The total revenue from all sources for the property. This amount should be the sum of all collected revenues listed above.

**From Page 2 of form:**

**Operating Expenses**

Please report the appropriate amount for the following categories:

<b>Management</b>	Amount paid to a management company or owner for operating the building during the reporting period. Do not count management expense here if the same administrative costs are shown elsewhere.
<b>Administration</b>	Expenses related to the daily operations of the property, but not directly to specific departments. Includes items such as administrative payroll, or office supplies that are incurred during the reporting year.
<b>Cost of Room Sales</b>	Costs directly attributed to room upkeep.
<b>Salaries and Benefits</b>	Costs directly attributed the salaries and benefits paid to all staff.
<b>Dietary Supplies and Services</b>	Costs directly related to providing meals and beverages.
<b>Utilities</b>	Total expense for all utilities during the reporting period. Includes electricity, heat, water, sewer, and HVAC.
<b>Telephone Expense</b>	Cost of providing telephone service to residents and guests.

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<b>Repairs and Maintenance</b>	Repair and maintenance expense during the reporting period not covered in another category. Do not include Capital Expenditures, see below.
<b>Elevator Maintenance</b>	Maintenance expense for elevator repairs during the reporting period.
<b>Grounds, Parking &amp; Snow Removal</b>	Total expense for upkeep of grounds, on-site parking spaces and snow removal services during the reporting period.
<b>Security</b>	Total expense for security services during the reporting period.
<b>Professional Fees - Legal &amp; Audit</b>	Fees paid to a professional such as a solicitor or accountant, for typical annual services.
<b>Property Insurance (12 months)</b>	Total property insurance for reporting period (12 months) only.
<b>Advertising &amp; Promotion</b>	Total expense for advertising and promotion services during the reporting period.
<b>Travel/ Vehicle</b>	Total travel and vehicle expenses incurred, directly related to the operation of the property. Does not include company owned cars used to commute to work and/or for personal use.
<b>Minor Operating Expense</b>	Costs associated with the earning of any income for minor operating departments.
<b>Other (please specify)</b>	Any additional annual expenses incurred during the reporting period that are not covered in another category (specify the type or source of expense). Does not include depreciation, debt service, or taxes. Do not include Capital Expenditures, see below.
<b>Total Operating Expenses</b>	The total general expenses for the property. This amount should be the sum of all general expenses listed above.
<b>Net Operating Income (before Depreciation, Debt Service or Realty Taxes)</b>	The total of all revenues collected for the property during the reporting period, minus all operating expenses incurred during the reporting period.

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**Debt Service and Taxes**      Total payments for long term debt and total property tax expenses incurred.

**Capital Expenditures**

**Capital expenditures** are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. These outlays would typically improve the book value of the asset. These expenditures are not designed to maintain the income stream, but to improve it, or change it. If this section applies to your property please answer 'Yes' and list the items considered to be capital improvements. Enter the total amount of the capital cost for this reporting period only. Do not apportion the costs over the life of the component.

**Certification**

**Name**      Name of person completing forms.

**Position**      Position of person completing forms.

**Owner/Employee**      I am the owner of the property, or an employee acting on the behalf of the owner.

**Agent/Management Company**      I am the authorized agent for the owner, or an employee of the authorized management company.

**Signature and Email of Signatory**      The written signature of the party who completed the form, and certifies it to be true, correct and complete. Include the email address of the party who completed the form.

**Phone Number**      Phone number of the person who completed the form.

**Date**      Date of form completion and official certification.

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**Total Actual Recoverable Expenses**

**Total Actual Recoverable Expenses**, are those expenses paid by commercial tenants, over and above rent. For assessment purposes, they can be broken down by the amounts attributable to Operating Expenses or Common Area Maintenance (CAM) and to Property Taxes, and are reported on a per square foot basis.

<b>Area (square feet)</b>	The total number of square feet of space specified in the leases for each type of tenant.
<b>Operating Expenses (per square foot)</b>	As they relate to Total Actual Recoverable Expenses, refer to the annual amount reimbursed by tenants for common area maintenance (if applicable) and are reported on a per square foot basis. <b>Common Area Maintenance (CAM)</b> is the annual expense charged to tenants to maintain common areas building components shared by all (i.e. parking, sidewalks, landscaped areas, hallways, public restrooms, etc.) reported on a per square foot basis. If common area maintenance is paid separately or not included in the expense, please show the total dollar amount for each type of tenant.
<b>Property Taxes (per square foot)</b>	As they relate to Total Actual Recoverable Expenses, refer to the annual amount reimbursed by tenants for real estate taxes (if applicable) and are reported on a per square foot basis.

**Parking and Storage Information**

<b>Number of spaces/units</b>	The number of on-site indoor and outdoor parking spaces available and the number of on-site storage units available (all reported separately).
<b>Rate per space/unit</b>	Average monthly rate charged for the previous year, ending December 31st, or the most recent fiscal year-end available.

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**Apartment Rental Information**

<b>Unit Type / # of Bedrooms</b>	Identification of the type of apartment by the number of bedrooms in the unit. Please note that a den should be considered a bedroom for the purposes of this form.
<b># of Units</b>	Identification of the number of units within the building that are the same unit type.
<b>Number of Baths in Unit - Full</b>	Identify the number of full bathrooms in each unit. A full bath contains a sink, toilet, shower and/or a bathtub.
<b>Number of Baths in Unit - Half</b>	Identify the number of half bathrooms within each unit. A half bath contains a sink and toilet.
<b>Average Monthly Rent</b>	Average monthly rate charged for the previous year, ending December 31st, or the most recent fiscal year-end available.
<b>Size of Typical Unit (SF)</b>	The square footage of the typical unit for this unit type.
<b>Heat</b>	Does the rental rate charged include Heating costs? Check if 'yes', leave blank if 'no'.
<b>Electricity</b>	Does the rental rate charged include Electricity costs? Check if 'yes', leave blank if 'no'.
<b>Washer/Dryer - In Unit</b>	Are laundry facilities in the unit? Check if 'yes', leave blank if 'no'.
<b>Washer/Dryer - Shared</b>	Are laundry facilities shared in the building? Check if 'yes', leave blank if 'no'.
<b>Dishwasher</b>	Does the unit come with a dishwasher? Check if 'yes', leave blank if 'no'.
<b>Microwave</b>	Does the unit come with a microwave? Check if 'yes', leave blank if 'no'.
<b>Cable</b>	Does the unit come with a cable connection? Check if 'yes', leave blank if 'no'.
<b>Furniture</b>	Does the unit come furnished? Check if 'yes', leave blank if 'no'.



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**Commercial Rental Information**

<b>Tenant Type</b>	The nature of use of the leased space for the previous year, ending December 31st, or the most recent fiscal year-end available (Office, Retail, Warehouse or Storage). Separate Apartment rental information section below.
<b>Location - Floor</b>	The floor(s) on which the leased/vacant space is located in the building.
<b>Location - Suite #</b>	The suite/unit number assigned to the leased/vacant space.
<b>Tenant or Vacant</b>	Name of tenant as indicated on lease or the trading name, or "vacant" if space was not occupied for the previous year, ending December 31st, or the most recent fiscal year-end available.
<b>Lease Start Date</b>	The effective beginning date as indicated on the lease for tenant occupying the space for the previous year, ending December 31st, or the most recent fiscal year-end available.
<b>Lease End Date</b>	The effective ending date as indicated on the lease for tenant occupying the space for the previous year, ending December 31st, or the most recent fiscal year-end available.
<b>Area Occupied (square feet)</b>	The amount of leasable square feet of space specified in the lease for the identified unit.
<b>Area Vacant (square feet)</b>	The amount of square feet available for lease in the identified unit.
<b>Contract Rent (per square foot)</b>	The contract rent (per square foot) charged to tenant as of the end of the reporting period. This amount includes CPI escalations, but does not include reimbursements for utilities, common area expenses, or property taxes. It should not include HST. This amount should be reported on an annualized basis.
<b>Overage or Percent Rent (per square foot)</b>	If the lease calls for a percentage of gross profits or a percentage of profits over a stated amount, show the amount of excess rent in dollars paid (per square foot) during the reporting period.

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<b>Expenses Included in Rent (per square foot)</b>	The amount of expenses (per square foot) that the landlord has agreed to include in basic rent. If there is no expense stop and the tenant pays all common area maintenance and/or property taxes separately, leave blank and show these amounts in the appropriate columns.
<b>Recovery Income / CAM - Operating Expenses (per square foot)</b>	If recovery or common area maintenance expenses are reimbursed by the tenant, show the annual amount (per square foot) attributable to operating expenses for the reporting period.
<b>Recovery Income / CAM - Property Tax Expense (per square foot)</b>	If recovery or common area maintenance expenses are reimbursed by the tenant, show the annual amount (per square foot) attributable to property taxes for the reporting period.
<b>Total Charges (per square foot)</b>	Total revenue (per square foot) received from tenant during the reporting period. This should equal the sum of the 'Contract Rent', 'Overage or Percent Rent' and both 'Recovery Income / CAM' amounts.
<b>Market Rent for Vacant Space (per square foot)</b>	The asking rent (per square foot) for any vacant space For the previous year, ending December 31st, or the most recent fiscal year-end available. The vacancy data provided is used in determining vacancy patterns for this property type.