



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER

KENNETH M. WILKINSON, C.F.A.



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Dear Property Owner/Manager:

Each year the Lee County Property Appraiser's office is required to determine the market value of all property in our county. To assist us in valuing commercial property, we request commercial property owners provide us data relative to the operation of their business. Participation by individual owners ensures that we accurately value all commercial properties in Lee County.

On the back of this letter is a form that details the type of information we are looking for in your type of business. Typically, we use income and expense information in addition to sales transactions in the course of our valuation. Any income information you provide is confidential and is exempt from public disclosure (F.S. 195.027). Once we receive your information, it is combined with all other similar properties and is used to develop market rates for the entire class of properties.

In lieu of filling out the form, feel free to send us a copy of your 2017 income and expense statement, rent roll, property brochure, or other applicable information prepared by your accountant or bookkeeper. If you choose to submit something other than this form, please return this letter with that information so that we can accurately identify the property the data goes with.

If you purchased or sold the property before December 31st, feel free to enclose a copy of your closing statement that details the costs involved with the sale of the property and any allocations that may have been made for tangible personal property (FF&E). This information helps in the verification of the sales transaction and ensures that we treat the sales transaction properly.

To ensure that we have adequate time to process and analyze the information submitted, please submit your income and expense information as soon as you are able. Taxpayers generally submit the data to us when they have their taxes prepared, so we ask that you try to get it to us in late March or early April.

Kindly return the form and any other information in the postage paid envelope provided. You may also return it by e-mail attachment and send it to palmerj@leepa.org, or submit it by fax to (239) 533-6091. Should you have any questions or need assistance please call (239) 533-6109 or email palmerj@leepa.org.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "K. Wilkinson".

Kenneth M. Wilkinson, CFA

INCOME AND EXPENSE STATEMENT FOR SENIOR CARE PROPERTIES

For Year Ended _____

PLEASE ATTACH RENT ROLL AND PROFIT AND LOSS STATEMENT**

****IN LIEU OF FILLING OUT THIS FORM, PLEASE PROVIDE A RATE SHEET**

Property Type	# Of Operating Beds	# Of Licensed Beds	Annual Occupancy %	# Of Private Pay Beds	Breakdown of # Of Beds			
					Private Pay	Medicaid	Medicare	Other
Skilled Nursing Facility								
Assisted Living Facility								
Independent Living Facility								
Other _____								

Total Annual Income

Type of Facility	Room Type	# of Beds	Monthly Rate	Beds Income	Level of Care Income
Skilled Nursing Facility	Private Room				
Skilled Nursing Facility	Semi-Private Room				
Assisted Living Facility	Private Room				
Assisted Living Facility	Semi-Private Room				
Independent Living Facility	Private Room				
Independent Living Facility	Semi-Private Room				
Memory Care Facility	Private Room				
Memory Care Facility	Semi-Private Room				
Other Rental Income _____					

Total Annual Expenses

1.) Management Fees	1	
a) Is fee based on a percentage of revenue?		Yes ___ No ___
2.) Payroll	2	
3.) Dietary Services/Food + Beverage	3	
4.) Nursing	4	
5.) Administrative (advertising, legal, accounting, etc.)	5	
6.) Utilities	6	
7.) Housekeeping	7	
8.) Repairs	8	
9.) Grounds Maintenance (trash, landscaping, parking lot, etc.)	9	
10.) Insurance Premiums	10	
11.) Reserves for Replacements	11	
12.) Cost of Contracted Resident Services (i.e. therapy)	12	
13.) Real Estate Taxes	13	
14.) Other Taxes/Fees	14	
15.) Total Expenses	15	
16.) Other Expenses (please explain) _____	16	
17.) Capital Expenses to Improvements (i.e. buildings)	17	

Submitted By (please print) _____

Date: _____

Telephone: _____

Email: _____

Property Address: _____