

MIKE TWITTY, MAI, CFA PINELLAS COUNTY PROPERTY APPRAISER

315 Court Street, 2nd Floor, Clearwater, FL 33756 www.pcpao.gov (727) 464-3207 commercial@pcpao.gov

Owner Name:	
Physical Address:	
Mailing Address:	
Parcel ID Number:	Property Use Code:
	Appraiser's Office to annually determine the market value of atest possible accuracy in the valuation of income producing and expense survey.
Statements. The information gathered will be used or confidence per Section 195.027, Florida Statutes. This	Statement, Rent Roll, and/or other pertinent Operating ally by the Property Appraiser's Office and will be kept in strict information will be analyzed for the identification of market elop typical appraisal parameters and valuation models for
considered in the 2026 valuation. If you purchased th information for the period of your ownership, and ref convenience, submit your information in the self-add	erence the dates with which your data applies. For your
Your cooperation and prompt attention is greatly app call us at (727) 464-3207 and ask for your area apprai	preciated. If you have any questions, please do not hesitate to ser.
Sincerely, Mike luff	
Pinellas County Property Appraiser	

IMPACTS FROM HURRICANES

We sympathize with all who were impacted by the hurricanes of 2024 and want to be sure to appropriately consider any damages incurred. If your property suffered physical damage that was not yet repaired as of January 1, 2026, or the property's income and/or expenses were adversely impacted, please provide any documentation that will help explain or verify the loss experienced. This documentation may be mailed in along with this income and expense survey or emailed to commercial@pcpao.gov.

Thank you.

SENIOR CARE INCOME AND EXPENSE SURVEY CONFIDENTIAL Information per F.S. 195.027 For Use By Pinellas County Property Appraiser's Office Only

% Medicaid

% Medicare

% Private

% Annual Occupancy

Occupied Beds

Property Type

Skilled Nursing

Licensed Beds

Assisted Living						
Independent						
Memory Care						
Other						
Totals						
2025 GROSS	INCOME		Income D	Data for January	1, 2025 thru Decem	nber 31, 2025
	Attach com	plete Profit & I	Loss Statement an	d Rent Roll as of	January 1, 2026	
Facility	у Туре	Room Type	# Beds	Monthly Rate	Income	
Skilled	Nursing	Private				
Skilled	Nursing	Semi-Private				
Assisted	d Living	Private				
Assisted	d Living	Semi-Private				
Independ	ent Living	Private				
Independ	ent Living	Semi-Private				
Memo	ry Care	Private				
Memo	ry Care	Semi-Private				
Ot	her					
Total 2025 Act	ual Income Red	ceived			\$	
2025 OPERA	TING EXPEN	ISES	Expense E	Data for January	1, 2025 thru Decen	nber 31, 2025
Dietary Services	:/Food & Bevera	ge		\$		
Nursing				\$		
Housekeeping				\$		
Cost of Contracted Resident Services (Therapy, etc.) \$				\$		
Administrative				\$		
Management Fees				\$		
Payroll & Employee Benefits				\$		
Insurance (Building & contents)				\$		
Flood Insurance \$				\$		
Professional Fees (Accounting, advertising, legal, etc.) \$						
Utilities (Electric, water, sewer, phone, cable, etc) \$						
Services (Grounds maintenance, trash, elevator, etc.)				\$		
Repairs & Maintenance (no capital improvements)				\$		
Reserves for Replacements				<u>\$</u>		
	•			\$		
Other (specify) \$ Total 2025 Operating Expenses					s	
2025 Net Operating Income (before taxes, capital improvements & other expenses)					\$	
					2025 thus Docom	har 21 2025
2025 CAPIT			vement. Do not include		, 2025 thru Decem	ber 3 1, 2025
		\$				
		.				
		\$			\$	
Prepared by:			Title:_		Date:	
Signature:			Phone:			
Please attach add	litional pages as ne	ecessary.	Email:			
		•	ASE RETURN BY MA	AY 1, 2026		