



**MIKE TWITTY, MAI, CFA**  
**PINELLAS COUNTY PROPERTY APPRAISER**

PO Box 1957, Clearwater, FL 33757-1957  
www.pcpao.gov (727) 464-3207 confidential@pcpao.gov

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Owner Name:

Physical Address:

Mailing Address:

Parcel ID Number:

Property Use Code:

It is the responsibility of the Pinellas County Property Appraiser's Office to annually determine the market value of all property in the county. In order to achieve the greatest possible accuracy in the valuation of income producing properties, this office annually conducts an income and expense survey.

**Please submit a year-end 2022 Income and Expense Statement, Rent Roll, and/or other pertinent Operating Statements.** The information gathered will be used only by the Property Appraiser's Office and will be kept in strict confidence per *Section 195.027, Florida Statutes*. This information will be analyzed for the identification of market conditions for the year 2022, and will be used to develop typical appraisal parameters and valuation models for your property type.

The requested information may be submitted year-round, however should be received by May 1, 2023 to be considered in the 2023 valuation. If you purchased this property during the last 12 months, please submit information for the period of your ownership, and reference the dates with which your data applies. For your convenience, **confidentially submit your completed data by clicking the button at the end of the form (confidential@pcpao.gov) or mail to the address above.** Note: If you are a tax representative for the property owner, please include an updated letter of authorization.

Your cooperation and prompt attention is greatly appreciated. If you have any questions, please do not hesitate to call us at (727) 464-3207 and ask for your area appraiser.

Sincerely,

A handwritten signature in cursive script that reads "Mike Twitty".

Pinellas County Property Appraiser

# SENIOR CARE INCOME AND EXPENSE SURVEY

**CONFIDENTIAL Information per F.S. 195.027 For Use By Pinellas County Property Appraiser's Office Only**

| Property Type   | # Occupied Beds | # Licensed Beds | % Annual Occupancy | % Medicaid | % Medicare | % Private |
|-----------------|-----------------|-----------------|--------------------|------------|------------|-----------|
| Skilled Nursing |                 |                 |                    |            |            |           |
| Assisted Living |                 |                 |                    |            |            |           |
| Independent     |                 |                 |                    |            |            |           |
| Memory Care     |                 |                 |                    |            |            |           |
| Other           |                 |                 |                    |            |            |           |
| <b>Totals</b>   |                 |                 |                    |            |            |           |

**2022 GROSS INCOME** Income Data for January 1, 2022 thru December 31, 2022

**Attach complete Profit & Loss Statement and Rent Roll as of January 1, 2023**

| Facility Type      | Room Type    | # Beds | Monthly Rate | Income |
|--------------------|--------------|--------|--------------|--------|
| Skilled Nursing    | Private      |        |              |        |
| Skilled Nursing    | Semi-Private |        |              |        |
| Assisted Living    | Private      |        |              |        |
| Assisted Living    | Semi-Private |        |              |        |
| Independent Living | Private      |        |              |        |
| Independent Living | Semi-Private |        |              |        |
| Memory Care        | Private      |        |              |        |
| Memory Care        | Semi-Private |        |              |        |
| Other              |              |        |              |        |

**Total 2022 Actual Income Received** \$ \_\_\_\_\_

**2022 OPERATING EXPENSES** Expense Data for January 1, 2022 thru December 31, 2022

|  |    |  |
|--|----|--|
| Dietary Services/Food & Beverage                         | \$ |  |
| 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                                | \$ |  |
| Other (specify) _____                                    | \$ |  |

**Total 2022 Operating Expenses** \$ \_\_\_\_\_

**2022 Net Operating Income (before taxes, capital improvements & other expenses)** \$ \_\_\_\_\_

**2022 CAPITAL IMPROVEMENTS** Expense Data for January 1, 2022 thru December 31, 2022

Please specify improvement. Do not include in operating expenses above.

|  |    |  |    |  |
|--|----|--|----|--|
|  | \$ |  | \$ |  |
|  | \$ |  | \$ |  |

|  |              |              |
|--|--------------|--------------|
| Prepared by: _____                           | Title: _____ | Date: _____  |
| Signature: _____                             | Phone: _____ |              |
| Please attach additional pages as necessary. |              | Email: _____ |

**PLEASE RETURN BY MAY 1, 2023**