



TOWN OF FAIRFIELD

OFFICE OF THE ASSESSOR

Town of Fairfield
Office of the Assessor
611 Old Post Road
Fairfield CT 06824-6646

Assisted Living Facility Income and Expense Supplement for Calendar Year 2023

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

General Data

	Total # of Units	Average Annual % Occupied
Assisted Living Units		
Memory Care Units		

Effective Gross Income:

Type of Revenue	Annual Income
Assisted Living - Rental Revenue	
Assisted Living - Care Revenue	
Memory Care - Rental Revenue	
Memory Care – Care Revenue	

Ancillary Income: \$ _____

Effective (Actual) Gross Income \$ _____

Annual Operating Expenses:

Fixed Expenses

Real Estate Taxes \$ _____

Personal Property Taxes \$ _____

Insurance \$ _____

Variable Expenses

Marketing	\$ _____
Food Service	\$ _____
Housekeeping and Laundry	\$ _____
Payroll	\$ _____
Maintenance	\$ _____
Utilities	\$ _____
Administrative	\$ _____
Management Fees	\$ _____
Replacement Reserves (please explain below)	\$ _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

If possible, please include a copy of your year-end Income Summary.

Yes No

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: _____

Comments or additional Information (may be attached):

Signature/Position

/ _____
Date