



Allen County Commercial Team Residential Medical Facility Income/Expense Survey

Please Return the Survey to the Following Address:
(electronic version available @ www.allencountyassessor.org)

Allen County Assessor's Office
Edwin J Rousseau Centre
1 E Main St, Suite 415
Fort Wayne, IN 46802
Fax (260) 449-4621
E-mail: commercialteam@co.allen.in.us

Section A: Owner/Filer Information

Owner Name: _____
Business Name: _____
Mailing Address: _____
Contact #: _____
E-Mail Address: _____

Section B: Property Information

Franchise Name _____
Property Address: _____
Gross Sq Ft: _____
Parcel(s): _____

Section C: Reporting Info

1. Bed Count

For 2015: Total # of Beds: _____ Potential Patient Days: _____ Actual Patient Days: _____
For 2016: Total # of Beds: _____ Potential Patient Days: _____ Actual Patient Days: _____
For 2017: Total # of Beds: _____ Potential Patient Days: _____ Actual Patient Days: _____

2. Facility Type

Skilled Nursing: _____ % Memory Care: _____ % Assisted Living: _____ %
Independent Living: _____ % Other: _____ %

3. Overall Occupancy Rate (2017)

Medicare Part A: _____ % Medicaid: _____ % Private & Other: _____ %
Managed Care: _____ % Assisted Living: _____ %

4. Amenities Offered: (Yes/No)

Dining Room: _____ Library: _____ Physical Therapy: _____
Activity Room: _____ Other: _____

5. Furnished Rooms:

Number Provided: _____

6. Units unable to be occupied:

Number: _____

Reason: _____

5. Please submit your last three years (2015, 2016, & 2017) Income & Expense information to complete this filing.

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.
Contact Person: _____
Management Firm (if applicable) _____
Address: _____
Phone: _____
Signature: _____ Title: _____ Date: _____

Per IC 6-1.1-35-9, any information pertaining to income expense is constitutionally protected and will remain confidential.