



NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 ATTN: ASIE COMPLIANCE
 240 OLD COUNTRY ROAD, 4TH FLOOR
 MINEOLA, NY 11501

**ASIE-2008
 NURSING HOME
 ANNUAL SURVEY OF
 INCOME AND EXPENSE**

PROPERTY IDENTIFICATION

LIST ONLY THE PRIMARY SECTION, BLOCK & LOT

| | | | |
|---|----------------------|----------------------|----------------------|
| 1 | SECTION | BLOCK | LOT |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 **PROPERTY ADDRESS**

YOU MAY CONSOLIDATE YOUR FILING FOR CONTIGUOUS PROPERTIES THAT ARE COMMONLY OWNED AND OPERATED

DOES THIS SUBMISSION INCLUDE MORE THAN ONE TAX LOT?

CHECK IF RELEVANT ALL LOTS ARE CONTIGUOUS
 ADDITIONAL LOTS ARE LISTED ON AN ATTACHED SHEET
 ALL LOTS ARE OPERATED AS AN ECONOMIC UNIT

YES OR NO

IF YES, INDICATE THE NUMBER OF TAX LOTS _____
 AND LIST THEM BELOW



| | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 3 | SECTION | BLOCK | LOT | SECTION | BLOCK | LOT |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | SECTION | BLOCK | LOT | SECTION | BLOCK | LOT |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | SECTION | BLOCK | LOT | SECTION | BLOCK | LOT |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CONTACT INFORMATION

| | | | |
|---|---|---|---|
| 4 | OWNER OR OPERATOR'S NAME <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR | 5 | ORGANIZATION |
| | <input type="text"/> | | <input type="text"/> |
| 6 | CONTACT PERSON | 7 | CONTACT PERSON'S RELATIONSHIP TO PROPERTY |
| | <input type="text"/> | | <input type="text"/> |
| 8 | CONTACT'S DAYTIME TELEPHONE | 9 | E-MAIL ADDRESS |
| | <input type="text"/> | | <input type="text"/> |

PROPERTY DESCRIPTION AND USE

| | | | | | | | | | |
|----|---------------------------|----|---------------------------------|----|----------------------------|----|----------------------|----|--------------------------------|
| 10 | TOTAL NUMBER OF BUILDINGS | 11 | NUMBER OF STORIES MAIN BUILDING | 12 | TOTAL GROSS AREA ALL BLDGS | 13 | LOT SIZE OR ACREAGE | 14 | NURSING HOME OCCUPANCY IN 2008 |
| | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> % |

15 **NURSING HOME NAME:**

| | | | | | | | | | |
|----|----------------------|----|-----------------------|----|--|----|-------------------------------------|----|--|
| 16 | TOTAL NUMBER OF BEDS | 17 | TOTAL NUMBER OF ROOMS | 18 | NUMBER OF BED DAYS MEDICARE/MEDICAID CLIENTS | 19 | NUMBER OF BED DAYS SELF-PAY CLIENTS | 20 | NUMBER OF BED DAYS INSURANCE PAY CLIENTS |
| | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

LIST OTHER COMMERCIAL TENANTS BY NAME AND PREDOMINANT USE.
 FILERS MAY ATTACH A COMPUTERIZED LISTING OR RENT ROLL.

21

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | | | | |
|---------------|---------|-------|-----|-----------------------------------|
| INCOME | SECTION | BLOCK | LOT | ASIE-2008 NURSING HOME |
|---------------|---------|-------|-----|-----------------------------------|

**COMPLETE THIS PORTION IF FILED BY TENANT, LESSEE, OCCUPANT,
OPERATOR OR OWNER-OPERATOR**

↓

GROSS OPERATING INCOME

| | | 2007 GROSS RECEIPTS (\$) | 2008 GROSS RECEIPTS (\$) |
|----|--------------------------------------|--------------------------|--------------------------|
| 26 | MEDICARE/MEDICAID INCOME FOR CLIENTS | | |
| 27 | SELF PAY | \$ | \$ |
| 28 | INSURANCE PAY | \$ | \$ |
| 29 | OTHER INCOME (DETAIL BELOW) | \$ | \$ |
| 30 | TOTAL NURSING HOME INCOME | \$ | \$ |

**COMPLETE THIS PORTION IF FILED BY OWNER AND PROPERTY IS LEASED TO A
NON-RELATED PARTY**

↓

| GROSS RENTAL INCOME | | NUMBER OF UNITS OR SPACES | GROSS SQUARE FEET | NUMBER OF VACANT UNITS | 2008 GROSS INCOME (\$) |
|----------------------------|----------------------------------|------------------------------|----------------------|---------------------------|------------------------|
| 31 | NURSING HOME | | | | \$ |
| 32 | STORES | | | | \$ |
| 33 | OFFICES | | | | \$ |
| 34 | GROUND RENT | | | | \$ |
| 35 | OWNER OCCUPIED (DETAIL BELOW) | | | | \$ |
| 36 | SERVICES | | | | \$ |
| 37 | R E TAX ESCALATION | | | | \$ |
| 38 | OPERATING ESCALATION | | | | \$ |
| 39 | SALE OF UTILITIES | | | | \$ |
| 40 | SIGNAGE / BILLBOARD | | | | \$ |
| 41 | CELL TOWERS/ANTENNAS | | | | \$ |
| 42 | OTHER (DETAIL BELOW) | | | | \$ |
| 43 | TOTAL GROSS RENTAL INCOME | | | | \$ |

NOTES:

| EXPENSE | | SECTION | BLOCK | LOT | ASIE-2008 NURSING HOME | |
|---|--|---------|-------|-----|---------------------------|---------------|
| ENTER EXPENSES FOR APPLICABLE ITEMS ONLY | | | | | ↓ | |
| | | | | | 2007 EXPENSES | 2008 EXPENSES |
| 44 | FIXED OR MINIMUM RENT | | | | \$ | \$ |
| 45 | PERCENTAGE RENT | | | | \$ | \$ |
| 46 | REAL ESTATE TAXES PAID BY LESSEE | | | | \$ | \$ |
| 47 | COMMON AREA MAINTENANCE (EXCLUDING TAXES AND INTEREST) | | | | \$ | \$ |
| 48 | MANAGEMENT PAYROLL | | | | \$ | \$ |
| 49 | OFFICE PAYROLL | | | | \$ | \$ |
| 50 | BUSINESS PAYROLL | | | | \$ | \$ |
| 51 | PAYROLL TAX AND BENEFITS | | | | \$ | \$ |
| 52 | FUEL | | | | \$ | \$ |
| 53 | ELECTRICITY | | | | \$ | \$ |
| 54 | WATER & SEWER | | | | \$ | \$ |
| 55 | PROPERTY INSURANCE | | | | \$ | \$ |
| 56 | PERSONAL INSURANCE | | | | \$ | \$ |
| 57 | MANAGEMENT (EXCLUDING MANAGEMENT PAYROLL) | | | | \$ | \$ |
| 58 | REPAIRS AND MAINTENANCE TO REAL PROPERTY | | | | \$ | \$ |
| 59 | LEASING COMMISSION | | | | \$ | \$ |
| 60 | BUSINESS TAX | | | | \$ | \$ |
| 61 | OFFICE EXPENSE | | | | \$ | \$ |
| 62 | MISCELLANEOUS CHARGES | | | | \$ | \$ |
| 63 | TOTAL RENTAL EXPENSES | | | | \$ | \$ |
| 64 | OTHER EXPENSES (DETAIL BELOW) | | | | \$ | \$ |
| 65 | TOTAL EXPENSE | | | | \$ | \$ |
| NOTES: | | | | | | |
| | | | | | | |