

COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION

**INSTRUCTIONS FOR COMPLETING
INCOME AND EXPENSE SURVEY FORM
INDEPENDENT LIVING**

The following instructions are provided to aid you in filling out this survey form. If you have any questions, please call this office at (703) 324-4802. Please do not email or fax large survey packets. Mailing is preferred.

A. General Information

1. Please provide the property name, year built and any addition years.
2. Please provide the type of property (office, retail, etc), # of elevators and # of stories.
3. Please provide the address of the property.
4. Please provide the 'Trading as' name reported on your business license. Do you have owner occupied space in the building and if so please provide the amount of square feet you occupy.
5. Please provide the total building area of the property including basement and mezzanine space but not parking space.
6. Please provide the total leasable area of the property.
7. Please provide the total basement area of the property. Provide the finished, unfinished and parking area too.
8. Please provide the total number of parking spaces.
9. Please provide the total reserved/rental parking spaces.

B. Debt Service Information

Please provide information in regard to any loan placed on this property within the last five years. Please include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios.

C. Annual Net Operating Income Information

NOTE: IN ADDITION TO THE INFORMATION REQUESTED, YOU MUST ATTACH TO THIS SURVEY THE MOST RECENT FULL TWELVE MONTH OPERATING INCOME AND EXPENSE STATEMENT FOR YOUR FACILITY. IF YOUR LAST FISCAL PERIOD ENDED ON ANY OTHER DATE THAN DECEMBER 31, PLEASE ALSO ATTACH A YEAR-TO-DATE OPERATING STATEMENT WHICH COVERS THE PERIOD THROUGH DECEMBER 31. ALSO, ATTACH ANY FEE SCHEDULES THAT WERE IN EFFECT DURING THIS REPORTING PERIOD. PLEASE ROUND YOUR NUMBERS, NO DECIMALS.

D. Capital Improvements, Renovations

Capital expenditures are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. If this section applies to your property, please answer yes and list on an attached sheet the items considered to be capital improvements. Enter the total amount of the capital cost for this reporting period only. For each line enter a description of the improvements, the total cost and the life of the improvements in years. The life of the improvements is the number of years the improvement will last, or the number of years over which it will be amortized. This section helps to compile accurate maintenance expense data for each property type. Furthermore, list all items of deferred maintenance with the cost to repair the item.

New Construction – Submit most recent AIA documents G702 and G703 with the itemized construction costs and all associated soft costs.

E. Furniture, Fixtures and Equipment (FF&E) and Personal Property

Self-explanatory.

CONFIDENTIAL

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

F. Additional Information

Self-explanatory.

G. Independent Living

In addition to the prior 12-month operating statement, please attach any fee schedules applicable over same reporting period.

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. An established price list would be acceptable.
6. Complete if available.
7. If the subsidy program in which you participate is not listed, please note it in the space provided. Also, please indicate if the subsidized units participate in either the Affordable Dwelling Unit program (ADU) or Workforce Dwelling Unit program (WDU).
8. Self-explanatory.
9. Only complete if there is a second person fee.
10. Please complete the entire rent roll form. Copy the page if there are more than 30 units. Further instructions are presented as footnotes on the rent roll form.

H. Certification

Certification of this information by the owner or officially authorized representative is required by state law (Code of Virginia 58.1-3294). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying the information. Also, provide the name and phone number of the person to contact with questions about the information. Indicate the type of accounting method employed in this survey.



County of Fairfax, Department of Tax Administration

12000 Government Center Pkwy., Suite 357

Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>

DTAREDSurveys@fairfaxcounty.gov | 703-222-8234 (TTY 711)

Independent Living Income and Expense Survey - Real Estate Division

Calendar Year 2023

For Tax Year 2025

Instructions

Instructions are found as a supplemental document as noted above. Please read these instructions and confirm the statement below before completing your survey

"I have read and understand the survey instructions."

A. General Information (Property Identification)

| | | | |
|---------------|-------------|---------------|-------------------------|
| Property Name | | Owner/Agent | No Longer Owns Property |
| Tax Map ID | Element No. | Property Type | |

Please list all additional elements included in the income and expense data.

Property Location

| | | | |
|----------|-------------|-----------|-----------------|
| Street # | Street Name | Direction | Suffix |
| City | | | Zip/Postal Code |

Property Improvement Information

| | | | | |
|--------------------------|---------------|---------------------|------------------------------------|---------------------|
| Owner Occupied Yes No | | Owner Occupied SF | | |
| Year Built | Year Addition | Total Building Area | Total Leasable Area | Total Basement Area |
| Year Renovated | | Finished Bsmt Area | Unfinished Bsmt Area | Bsmt Parking Area |
| No. Stories | No. Elevators | No. Parking Spaces | No. Reserved/Rental Parking Spaces | |

B. Debt Service Information (within the last 5 years)

| | Loan Amount | Loan Date | Term | Interest Rate % | Payment (P & I) | Payment Frequency (Mo. or Year) |
|---|-------------|-----------|------|-----------------|-----------------|---------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

FOR INTERNAL USE ONLY

| | | | | |
|---------|--|------|-------------------------------|---|
| Initial | | Date | Click or tap to enter a date. | <input type="checkbox"/> Entered into IAS |
|---------|--|------|-------------------------------|---|

CONFIDENTIAL

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

C. Annual Net Operating Income Information

Note: In addition to the information requested, YOU MUST ATTACH TO THIS SURVEY THE MOST RECENT FULL TWELVE MONTH INCOME AND EXPENSE OPERATING STATEMENT FOR YOUR FACILITY. If your fiscal period ended on any other date than December 31, please also attach a year-to-date operating statement which covers the period through December 31. Please round your numbers, no decimals.

| For Period | to | | |
|---|----|--|--|
| Vacancy & Collection Loss | | | |
| Annual Income | | | |
| Primary Rental Income | | | |
| Laundry Income | | | |
| Dietary Income | | | |
| Interest Income | | | |
| Medicare/Medicaid | | | |
| Resident Services/Community Fees | | | |
| Other Rental Income | | | |
| Miscellaneous Income (specify) | | | |
| Miscellaneous Income (specify) | | | |
| Miscellaneous Income (specify) | | | |
| <i>Total Annual Income</i> | | | |
| Operating Expense | | | |
| Water and Sewer | | | |
| Electricity | | | |
| Other Utilities | | | |
| Repairs/Maintenance | | | |
| Housekeeping | | | |
| Dietary | | | |
| Management Fees (not including asset management fees) | | | |
| Other Administrative/Payroll | | | |
| Resident Services/Activities | | | |
| Nursing/Medical | | | |
| Insurance (1 year) | | | |
| Other | | | |
| <i>Total Operating Expenses</i> | | | |
| Replacement Reserves (actual \$ amount in reserve account) | | | |
| <i>Net Operating Income</i> | | | |
| Total Actual Income less Total Expenses before Real Estate Taxes & Reserves | | | |
| Real Estate Taxes | | | |

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

D. Capital Improvements, Renovations, Deferred Maintenance

| | |
|---|--|
| <p>Has the property had capital improvements or capital renovations during the reporting period?</p> <p>If yes, please provide total cost here and attach a detailed list on a separate page.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| <p>Does the property contain any items of deferred maintenance?</p> <p>If yes, please provide total cost here and attach a detailed list on a separate page.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

New construction: Submit the most recent AIA documents G702 and G703 with associated soft costs.

E. Furniture, Fixtures, and Equipment (FF & E) and Personal Property

| | |
|---|--|
| <p>Was a Fairfax County Business Personal Property declaration filed in the previous 12 months?</p> <p>If yes, what is the "Trade Name" of the business specified on the declaration?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

F. Additional Information

| | |
|--|--|
| <p>Are land and/or buildings now being leased?</p> <p>If yes, please describe terms (e.g., lease term, rent, special conditions)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| <p>Has the property or a portion of the property been marketed for sale via a broker, owner, signage, internet, etc., within the past 3 years?</p> <p>If yes, please disclose asking prices, asking dates, any offers, and marketing time.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| <p>Is there any other information you consider pertinent to the equitable valuation of the subject property?</p> <p>If yes, please attach information.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Please attach a marketing brochure.

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

G. Independent Living

| | | |
|--|--|----------------|
| Total # of units | | |
| Average percent occupancy over the most recent fiscal period | | |
| Percent Occupancy as of January 1 (current year) | | |
| Are you anticipating a significant change in the number of residents over the current fiscal period? | Yes No | |
| If yes, please explain. | | |
| What services are included within the basic plan? (i.e., number of meals laundry, housekeeping, linen, etc.) | | |
| What additional services are offered that are not included within the basic plan (i.e., assisted living, etc.)? | Service | Cost \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| What is the average entrance age? | | |
| What is the average overall age? | | |
| What is the average length of stay (in months)? | | |
| Is this property a participant in one of the HUD or other low-income housing programs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify type. | Housing Program | # Units |
| | ADU | |
| | WDU | |
| | Section 8 Project-Based | |
| | Section 8 Tenant-Based | |
| | 221-D3 | |
| | 221-D4 | |
| | 236 | |
| | LIHTC | |
| | Sec 42 | |
| Other | | |
| What was the total other revenue received over the last fiscal period not included within the basic daily/monthly rent? (The amount should not be included in the rent roll on page 3.) | | |
| What is the second person fee? | | |
| How many "second persons" were there as of January 1 of this year? | | |
| Is the revenue from the second person fees included within the low-income housing programs above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

INDEPENDENT LIVING – CURRENT RENT ROLL

Please fill out the rent roll on the next page then fill out the rent roll summary below. If there are more tenants than lines available in the table, attach a rent roll that includes the following tenant information. (Annualize rents and expense reimbursements.)

1. Unit number
2. Unit type
3. Total room size (square feet)
4. Entrance fee & % refundable (if left blank no entry fee will be assumed; write "Vacant" if unit is vacant)
5. Actual current monthly rent
6. Date admitted

| SUMMARY OF RENT ROLL | | | |
|-------------------------|-------------|-------------------|---------------------|
| Unit Type | Total Units | Average Room Size | Average Market Rent |
| | | | |
| | | | |
| | | | |
| Total # of Beds* | | | |

* Total each unit type. Total # of beds should match question #1 of previous section.

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

ADDITIONAL COMMENTS

Please include any details you feel are necessary for the valuation of this property:

ELECTRONIC SURVEYS

Please enter the preferred email for surveys to be sent to (if applicable):

H. CERTIFICATION

OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA
 State law requires certification by the owner or officially authorized representative

| | | | |
|----------------------------|--|----------------|--|
| Name of Management Company | | Contact Person | |
|----------------------------|--|----------------|--|

| | | | |
|---------|----------------------|-----------|--------|
| Street# | Street Name/P.O. Box | Direction | Suffix |
|---------|----------------------|-----------|--------|

| | | | |
|---------------------------------|--|--|--|
| 2 nd Line of Address | | | |
|---------------------------------|--|--|--|

| | | | |
|------------------|------|---------------|-----------------|
| Unit/Suite/Floor | City | State/Country | Zip/Postal Code |
|------------------|------|---------------|-----------------|

| | |
|--------------|---------------|
| Phone Number | Email Address |
|--------------|---------------|

All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I acknowledge that a Docusign signature constitutes an official signature on behalf of the taxpayer or taxpaying entity.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

| | |
|------------|-------|
| Print Name | Title |
|------------|-------|