

Parcel ID:

Civic Address:

Municipality Name:

Company Name:

PERSONAL CARE HOME

INCOME AND EXPENSE QUESTIONNAIRE

SURVEY YEAR

NUMBER of BEDS AVAILABLE

AVERAGE RATE per BED

AVERAGE OCCUPANCY RATE (%)

REVENUE

TOTAL REVENUE from BEDS

SUBSIDY INCOME per YEAR

MISCELLANEOUS REVENUE

OTHER INCOME

PLEASE INDICATE WHETHER OR NOT THE PROPERTY HAS AN OWNER APARTMENT OR ON-SITE MANAGER'S APARTMENT; OR ANY OTHER AREA THAT IS NOT USED FOR BUSINESS PURPOSES.

	USE	SIZE	WHAT FLOOR	# BEDRMS
APARTMENT #1				
APARTMENT #2				
OTHER AREA				
OTHER AREA				
OTHER AREA				

