

JEFFERSON COUNTY  
OFFICE OF COUNTY ASSESSOR  
100 JEFFERSON COUNTY PKWY. GOLDEN, CO 80419-2500  
2019 SENIOR LIVING SURVEY (CONFIDENTIAL)

SCHEDULE NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ BLDG TYP CD: \_\_\_\_\_ NBHD CD: \_\_\_\_\_  
(Assessor office use only)

OWNER NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLEX NAME: \_\_\_\_\_

CONTACT NAME (PLEASE PRINT): \_\_\_\_\_

CONTACT TITLE (PLEASE PRINT): \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

IS THE BUILDING LEASED:

- YES PLEASE COMPLETE SECTION I  
 NO PLEASE COMPLETE SECTION II

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**SECTION I**

DOING BUSINESS AS: \_\_\_\_\_

RENTABLE AREA (EXC BSMT) \_\_\_\_\_ AVG. ANNUAL VACANCY% \_\_\_\_\_ RENTAL RATE \_\_\_\_\_  
RENTABLE BSMT AREA \_\_\_\_\_ AVG. ANNUAL VACANCY% \_\_\_\_\_ RENTAL RATE \_\_\_\_\_

**INCOME INFORMATION FOR 2017/2018**

HOW ARE LEASES STRUCTURED? (LEASES SIGNED PRIOR TO 6/30/2018)

- GROSS (OWNER PAYS ALL EXPENSES)  
 MODIFIED GROSS (OWNER PAYS SOME EXPENSES)  
 NET (TENANT PAYS ALL OPERATING EXPENSES)

ANNUAL RENTAL INCOME 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

**ARE ANY EXPENSES PAID BY THE TENANT?**

MANAGEMENT? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

UTILITIES? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

TAXES? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

INSURANCE? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

MAINTENANCE? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

TENANT FINISH/LEASING? TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

OTHER? (CELL TOWER LEASES; BILLBOARDS, ETC.) TENANT \_\_\_ OWNER \_\_\_  
HOW MUCH ANNUALLY 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_

ANY EXTRAORDINARY OR CAPITAL ITEM COSTS? \_\_\_\_\_

CURRENT ASKING LEASE RATE & TERMS / CONCESSIONS ETC. \_\_\_\_\_

COMMENTS ON MARKET EXPERIENCE, VACANCY RATES OR UNUSUAL CONDITION AFFECTING THE  
PROPERTY: \_\_\_\_\_

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SECTION II

**TYPE OF FACILITY**

**SKILLED NURSING** Number of Rooms \_\_\_\_\_ Number of licensed beds \_\_\_\_\_

MEDICAID ACCEPTED YES \_\_\_\_\_ NO \_\_\_\_\_

INCOME RESTRICTED YES \_\_\_\_\_ NO \_\_\_\_\_

**ASSISTED LIVING\MEMORY CARE** Number of Rooms \_\_\_\_\_ Number of licensed beds \_\_\_\_\_

TOTAL # OF UNITS:

AVERAGE BASE RENTS PER UNIT AS OF 6/2018:

STUDIO UNITS: \_\_\_\_\_ STUDIO UNITS: \_\_\_\_\_

1 BEDROOM UNITS: \_\_\_\_\_ 1 BEDROOM UNITS: \_\_\_\_\_

2 BEDROOM UNITS: \_\_\_\_\_ 2 BEDROOM UNITS: \_\_\_\_\_

MEDICAID ACCEPTED YES \_\_\_\_\_ NO \_\_\_\_\_

INCOME RESTRICTED YES \_\_\_\_\_ NO \_\_\_\_\_

**INDEPENDENT LIVING**

TOTAL # OF UNITS:

AVERAGE BASE RENTS PER UNIT AS OF 6/2018:

STUDIO UNITS: \_\_\_\_\_ STUDIO UNITS: \_\_\_\_\_

1 BEDROOM UNITS: \_\_\_\_\_ 1 BEDROOM UNITS: \_\_\_\_\_

2 BEDROOM UNITS: \_\_\_\_\_ 2 BEDROOM UNITS: \_\_\_\_\_

MEDICAID ACCEPTED YES \_\_\_\_\_ NO \_\_\_\_\_

INCOME RESTRICTED YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST WHAT, IF ANY SERVICES ARE PROVIDED WITH THE BASE RENT?

EXAMPLE: MEALS, TRANSPORTATION, HOUSEKEEPING, LAUNDRY, ORGANIZED ACTIVITIES

\_\_\_\_\_  
\_\_\_\_\_

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PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE NUMBER DURING BUSINESS HOURS: \_\_\_\_\_

EMAIL: \_\_\_\_\_