**APPLICATION ADDENDUM**

**FINANCIAL STATEMENT**

**INSTRUCTIONS:** The applicant may choose to use this form or provide another written statement for showing financial solvency and responsibility in making application for a license. The financial statement submitted must minimally address the assets, liabilities, and funds available to the agency for the operation of the agency’s service and/or facility (this should not include personal funds of the owner/operator).

The financial statement submitted must be signed, dated, and must accompany the application for license.

**NAME OF AGENCY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF APPLICATION****:** Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ASSETS**:  (Give the appraised or current, estimated worth of):    Real Estate, Land, Houses, Buildings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Furniture & Appliances $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Motor Vehicles $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Movable Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Fixed Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash on Hand or in Bank Accounts $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Savings or Investments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accounts Receivable $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes Receivable $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prepaid or Donated Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Assets, List:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL AMOUNT OF ASSETS** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **LIABILITIES:**  (List the total amounts owed on the following):  Mortgages  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Property Liens $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Auto/Vehicle Loans  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal Loans $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank or Other Creditor Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Long-Term Loans, List:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_    **TOTAL AMOUNT OF LIABILITIES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OPERATING EXPENSES:**  (List the monthly amount of expenses of the following ):  Employees’ Salaries $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proprietor’s Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Payroll Taxes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Food Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Non-Food Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Auto Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Homeowner’s / Property Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle Leases $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Contracted Professional Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Expenses, List:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL MONTHLY EXPENSES**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **INCOME:**  (List all sources of monthly income available for operation of the facility and/or services ):  Income from fees paid by clients $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Income from other sources, List:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Income from Client Fees paid by third parties $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interest Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL MONTHLY INCOME** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OTHER:** Use this space to provide any other information you believe would be helpful in determining your financial solvency and responsibility:

**CERITIFICATION OF INFORMATION:**

The person signing below declares his/her authority to submit this information as an addendum or change to the application information supplied to the Department of Intellectual and Developmental Disabilities as a basis for determining issuance of a license. The undersigned person further declares this information to be true, correct and complete to the best of his/her knowledge.

**Signature of Applicant or Authorized Agent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name and Title of Person Signing Above**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_