



**LICENSURE APPLICATION ADDENDUM**  
**APPLICANT'S FINANCIAL STATEMENT FORM**  
Tennessee Department of Mental Health and Substance Abuse Services  
Office of Licensure

**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 applicant for the operation of the applicant's service and/or facility. The financial statement submitted must be signed, dated and must accompany the application for license.

NAME of APPLICANT for LICENSE: \_\_\_\_\_

DATE of APPLICATION: \_\_\_\_\_

**ASSETS:** (Give the appraised or current, estimated worth of the following items:)

Real Estate, Land, Houses, Buildings	\$ _____	Accounts Receivable	\$ _____
Furniture & Appliances	_____	Notes Receivable	_____
Motor Vehicles	_____	Prepaid or Donated Expenses	_____
Other Movable Equipment	_____	Other Assets, List	_____
Other Fixed Equipment	_____		_____
Cash on Hand or in Bank Accounts	_____		_____
Savings or Investments	_____		_____
		<b>TOTAL AMOUNT of ASSETS</b>	<b>\$ _____</b>

**LIABILITIES:** (List the total amounts owed on the following:)

Mortgages	\$ _____	Bank or Other Creditor Loans	\$ _____
Other Property Liens	_____	Other Long-Term Loans, List:	_____
Auto/Vehicle Loans	_____		_____
Personal Loans	_____		_____
		<b>TOTAL AMOUNT OF LIABILITIES</b>	<b>\$ _____</b>

**OPERATING EXPENSES:** (List the monthly amount of expenses of the following:)

Employees' Salaries	\$ _____	Homeowner's / Property Insurance	\$ _____
Proprietor's Salary	_____	Other Insurance	_____
Payroll Taxes	_____	Vehicle Leases	_____
Utilities	_____	Contracted Professional Services	_____
Rent	_____	Other Expenses, List:	_____
Food Supplies	_____		_____
Non-Food Supplies	_____		_____
Auto Insurance	_____		_____
		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

**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	_____		_____
		<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

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

**CERTIFICATION:** The undersigned applicant for license or authorized agent certifies this information to be true, correct and complete to the best of his/her knowledge.

SIGNATURE of APPLICANT or AUTHORIZED AGENT: \_\_\_\_\_

DATE of SIGNATURE: \_\_\_\_\_