



STATE OF TENNESSEE  
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
OFFICE OF RISK MANAGEMENT & LICENSURE

**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 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:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**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 \$ \_\_\_\_\_**

**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:	
_____	_____
_____	_____
_____	_____
<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 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:** \_\_\_\_\_