



OFFICE OF LICENSURE
LICENSURE APPLICATION ADDENDUM: FINANCIAL STATEMENT FORM

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/Donated Expns.	\$ _____
Other Movable Equipment	\$ _____	Other Assets, List	\$ _____
Other Fixed Equipment	\$ _____	_____	\$ _____
Cash in Hand/Bank Accts.	\$ _____	_____	\$ _____
Savings or Investments	\$ _____	_____	\$ _____
TOTAL AMOUNT OF ASSETS:			\$ _____

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

Mortgages	\$ _____	Bank/Creditor Loans	\$ _____
Other Property Liens	\$ _____	Other/Long-term Loans	\$ _____
Auto/Vehicle Loans	\$ _____	_____	\$ _____
Personal Loans	\$ _____	_____	\$ _____
TOTAL AMOUNT OF LIABILITIES:			\$ _____

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

Employees' Salaries	\$ _____	Home/Prop. Insurance	\$ _____
Proprietor's Salary	\$ _____	Vehicle Insurance	\$ _____
Payroll Taxes	\$ _____	Other Insurance	\$ _____
Utilities	\$ _____	_____	\$ _____
Rent	\$ _____	_____	\$ _____

Food Supplies	\$ _____	_____	\$ _____
Non-Food Supplies	\$ _____		
Contracted Professional/Other Expenses	\$ _____		
	\$ _____		
	\$ _____		
TOTAL MONTHLY OPERATING EXPENSES			\$ _____

INCOME: (List all sources of monthly income available for operation of the facility and/or services)

Income from Client-paid fees	\$ _____	Income/Other Sources	\$ _____
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:

CERTIFICATION: The undersigned hereby certifies that this information is true, correct and complete to the best of his/her knowledge.

NAME OF LICENSEE

DATE

TITLE