**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_