



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

STATEMENT OF FINANCIAL CONDITION – SOLE PROPRIETOR

All forms may be found on our website at <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

OPERATOR	DATE
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CURRENT ASSETS	
1. Cash	
2. Accounts receivable	
3. Investments	
4. Personal property	
5. Personal residence	
6. Other assets	
7. TOTAL (lines 1 through 6)	
8. Accounts payable	
9. Resident funds payable	
10. Mortgage on personal residence	
11. Other liabilities	
12. Net worth	
13. TOTAL (lines 8 through 12)	

The *Statement of Financial Condition* may be used by sole proprietors when submitting an *Application for License to Operate a Long-Term Care Facility*. General business corporations, partnerships, nonprofit corporations, limited liability companies, and governmental entities should use the *Statement of Financial Position* form.

The *Statement of Financial Condition* should indicate all assets, liabilities, and equity of the operator, whether directly related to the facility or not.

OPERATOR Indicate the name of the person who is the operator of the facility as shown on the *Application for License to Operate a Long-Term Care Facility*.

DATE The *Statement of Financial Condition* states the financial condition of an individual as of a given day by indicating the assets, liabilities and equity of the individual as of that day. Indicate the month, day, and year.

1. Cash – Cash on hand, bank checking and savings accounts, and other cash items.
2. Receivables – Amounts due from others for services already rendered.
3. Investments – Marketable securities, stock options or other investments held by the applicant.
4. Personal property – Estimated current values of personal property owned by the applicant.
5. Personal residence – Estimated current value of the applicant’s home.
6. Other assets – Estimated current value of any other assets owned by the applicant not shown on line 1 through line 5. Attach a supporting schedule.
7. **TOTAL (lines 1 through 6)** – Add lines 1 through 6. This total must equal line 13.
8. Accounts payable – Debts owed to others for goods or services already received.
9. Resident funds payable – Amount of personal funds of residents held in trust.
10. Mortgage on personal residence – Amount of mortgage on the applicant’s home.
11. Other liabilities – Any liabilities not shown on lines 8 through 10. Attach a supporting schedule.
12. Net worth – The difference between total assets and total liabilities. Subtract the total of lines 8 through 11 from line 7.
13. **TOTAL (lines 8 through 12)** – Add lines 8 through 12. This total must equal line 7.