



**RELICENSURE FINANCIAL INFORMATION STATEMENT – SOLE PROPRIETOR**

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

OPERATOR

FOR THE 12 MONTHS  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

**PART I INCOME STATEMENT**

1. Net resident revenues		
2. Other revenues		
<b>3. Net revenues</b>		
4. Operating expenses		
5. Depreciation expense		
6. Amortization expense		
7. Interest expense		
8. Other expenses		
<b>9. Total costs and expenses</b>		
<b>10. NET EARNINGS (LOSS)</b>		

**PART II BALANCE SHEET**

11. Cash		
12. Accounts receivable		
13. Investments		
14. Personal property		
15. Personal residence		
16. Other assets		
<b>17. TOTAL (lines 11 through 16)</b>		
18. Accounts payable		
19. Resident funds payable		
20. Mortgage on personal residence		
21. Other liabilities		
22. Net worth		
<b>23. TOTAL (lines 18 through 22)</b>		

# RELICENSURE FINANCIAL INFORMATION STATEMENT – SOLE PROPRIETOR

## INSTRUCTIONS

There are two versions of the *Relicensure Financial Information Statement* form. One is for use by general business corporations, partnerships, nonprofit corporations, limited liability companies, and government entities only. The other is for use by sole proprietors. Be sure you are using the correct form for your needs.

**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*.

**FOR THE 12 MONTHS** Part I of the *Relicensure Financial Information Statement* form should indicate the revenues and expenses for the operator's prior fiscal year. Indicate the first day and the last day of that fiscal year.

### PART I – INCOME STATEMENT

1. Net resident revenues – Revenue received for resident services provided.
2. Other revenues – Any revenue received other than that shown on line 1. Attach a supporting schedule.
3. **Net revenues** – Add lines 1 and 2.
4. Operating expenses – Expenses such as professional care, dietary, housekeeping, laundry, etc.
5. Depreciation expense – Depreciation expense for the period.
6. Amortization expense – Amortization expense for the period.
7. Interest expense – Interest expense for the period.
8. Other expenses – Any expenses not reported on lines 4 through 7. Attach a supporting schedule.
9. **Total costs and expenses** – Add lines 4 through 8.
10. **NET EARNINGS (LOSS)** – Subtract line 9 from line 3.

### PART II – BALANCE SHEET

*Enter all assets, liabilities, and equity of the operator, whether directly related to the facility or not, as of the last day of the operator's prior fiscal year indicated above.*

11. Cash – Cash on hand, bank checking and savings accounts, and other cash items.
12. Receivables – Amounts due from others for services already rendered.
13. Investments – Marketable securities, stock options or other investments held by the applicant.
14. Personal property – Estimated current values of personal property owned by the applicant.
15. Personal residence – Estimated current value of the applicant's home.
16. Other assets – Estimated current value of any other assets owned by the applicant not shown on lines 11 through 15. Attach a supporting schedule.
17. **TOTAL (lines 11 through 16)** – Add lines 11 through 16. This total must equal line 23.
18. Accounts payable – Debts owed to others for goods or services already received.
19. Resident funds payable – Amount of personal funds of residents held in trust.
20. Mortgage on personal residence – Amount of mortgage on the applicant's home.
21. Other liabilities – Any liabilities not shown on lines 18 through 20. Attach a supporting schedule.
22. Net worth – The difference between total assets and total liabilities. Add lines 18 through 21 subtract this total from line 17.
23. **TOTAL (lines 18 through 22)** – Add lines 18 through 22. This total must equal line 17.