

SUPPLEMENTAL FINANCIAL INFORMATION

FOR THE MONTH ENDING: _____

SUPPLEMENTAL FINANCIAL INFORMATION FOR:	FACILITY NAME:	APP/LIC. NO.
---	----------------	--------------

PART I (lines 1 through 21) - To be completed by sole proprietors and each general partner.

WAGES AND OTHER INCOME

		Monthly	
1. Net Wages (specify) _____	\$		_____
2. Net Wages (specify) _____			_____
3. Interest & Dividends _____			_____
4. Other Income (specify) _____			_____
5. Other Income (specify) _____			_____
6. Total Income (add lines 1 through 5)	6	\$	_____

PERSONAL EXPENSES

		Monthly	
7. Residence Mortgage _____ Rent _____ Live in Facility _____	\$		_____
8. Utilities (Electric, Oil or Gas, Water, Telephone, etc.)			_____
9. Insurance (Homeowners, Property, Life, Medical, Vehicle, etc.)			_____
10. Taxes (Real Property, Personal Property, etc.)			_____
11. Transportation			_____
12. Medical Expense			_____
13. Dental Expense			_____
14. Groceries			_____
15. Clothing			_____
16. School Tuition.....			_____
17. Alimony/Child Support			_____
18. Travel and Entertainment.....			_____
19. Other: _____			_____
20. Total Personal Expenses (add lines 7 through 19)	20	\$	_____
21. Difference (subtract line 20 from line 6)		\$	_____

PART II (lines 22 through 29) - To be completed by all applicants/licensees and each general partner.

22. If personal expenses exceed personal income as calculated on line #21, list below (a - c), assets that are easily converted to cash. Report their net value. (Corporations Excluded)

a. _____ \$ _____ b. _____ \$ _____ c. _____ \$ _____

23. List any other income expected to be received in the future to help meet expenses.

_____ \$ _____ _____ \$ _____

24. List all outstanding judgments, if any:

_____ \$ _____ _____ \$ _____

25. Have you filed for bankruptcy or had bankruptcy declared within 7 years? YES NO

26. Are you a co-maker or endorser on any note? If Yes, for what amount? YES NO \$ _____

27. What lines of credit are available to you? Show source and amount on a & b.

a. _____ \$ _____ b. _____ \$ _____

28. Are you a defendant in a lawsuit? If so, please explain and indicate the lawsuit's amount(s). _____

29. Is the pending facility rented?.....leased?.....purchased?.....identify the owner(s) below

Identify the owners _____	Phone No: _____
of the facility property. _____	Phone No: _____
_____	Phone No: _____

I declare under penalty of perjury that the foregoing and any attachments are true and correct.

PREPARED BY:	TITLE:	APPLICANT/LICENSEE SIGNATURE:	DATE:
--------------	--------	-------------------------------	-------

SUPPLEMENTAL FINANCIAL INFORMATION GENERAL INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Each applicant/licensee must submit a LIC 401a Supplemental Financial Information, Part II. In addition, part I is to be completed for a sole proprietorship only. FOR GENERAL PARTNERS, - Each general partner must submit a personal 401a.

Information reported in these documents is subject to verification. Therefore, additional documentation may be requested to support any or all of the items reported.

INSTRUCTIONS

Please include the required information at the top of this form to identify the 1) reporting period for the information, 2) name of the sole proprietorship, partner, general partnership or corporation for whom the information applies, 3) facility name, and 4) application or license number.

PART I - PERSONAL INCOME AND EXPENSES (This section is to be completed by sole proprietors and each general partner of a partnership).

PERSONAL INCOME (DO NOT REPORT ANY INCOME ALREADY REPORTED ON THE LIC 401)

Line #

- 1-2. Report the first & last name of the person, the source and the amount of monthly wages or other income.
3. Report the name of the financial agency paying all interest and dividends earned per month. You may report the combined amount.
- 4-5. Report other income source and amount.

PERSONAL EXPENSES (DO NOT REPORT ANY EXPENSES ALREADY REPORTED ON THE LIC 401)

7. Indicate whether you pay on a mortgage or pay rent. (This refers to expenses other than those shown on line 26 of the LIC 401.) Report amount of payment.
8. Cost of utilities (electric, oil or gas, water, telephone, etc.)
9. Cost of insurance (homeowners, property, life, medical, vehicle, etc.)
10. Taxes paid for real or personal property, etc.
11. Cost of transportation including fuel and maintenance.
12. Cost of medical expenses (doctor visits, medications, etc.)
13. Cost of dental care.
14. Cost of groceries, household supplies, etc.
15. Cost of family clothing needs.
16. Cost for school tuition and/or other education expenses.
17. Alimony and/or child care support payments.
18. Cost for travel and entertainment.
19. Other costs not included above.

PART II. OTHER PERSONAL INFORMATION (To be completed by all applicants)

22. If your personal expenses exceed personal income, then list other assets owned by you that are readily convertible to cash, and show the net value of those assets. The net value is the market value less any associated debt on the asset.
23. Describe and show other anticipated income not already included in lines 1 through 5 above.
24. Show all judgments against you and the amount.
25. Check either "YES" or "NO" as appropriate. If YES, submit proof of discharge of debt.
26. Check either "YES" or "NO" as appropriate. If YES, then show amount which is still owed on the note.
27. If you have lines of credit available, show the source for the line of credit and the amount of credit available.
28. If you are a defendant in a lawsuit, briefly explain the circumstance.
29. If, for instance, where the facility property is being purchased, list all mortgage holders (first, second and third trust deed lenders, if applicable) and their telephone numbers.

SIGNATURE BLOCK

The name of the preparer is to be printed in the space provided. The applicant or licensee is required to sign this form attesting to the financial information. Failure to sign, date and attest to the accuracy of the information on the Supplemental Financial Information Statement (LIC 401a) shall constitute non-compliance and the rejection of this report..