



**FINANCIAL STATEMENT** (will be updated yearly)

Family Care Provider name: \_\_\_\_\_ Date: \_\_\_\_\_

According to VAC35-105-1180, The Office of Licensing requires sponsored residential providers to demonstrate their financial capacity to “meet their own expenses for 90 days, independent of payment received for residents living in the home.” This provision is in place to ensure that individual(s) will continue to receive services despite delays or reductions in funding. Reserve funds may be in the form of savings or checking balances, home equity line of credit or other lines of credit (such as credit cards), investment accounts (such as CD’s or retirement accounts) or other sources of income. There may be other forms of acceptable reserves.

**PLEASE LIST MONTHLY EXPENSES BELOW**

<b>EXPENSES:</b>	<b>PAYMENT AMOUNT:</b>
Groceries	\$
Utilities (Water, Telephone, Electric, etc.)	\$
Mortgage	\$
Rent	\$
Auto Payment(s)	\$
Charge Accounts or Credit Cards	
1.	\$
2.	\$
3.	\$
4.	\$
Loans	
1.	\$
2.	\$
Insurance (health, life, etc.)	
1.	\$
2.	\$

List additional expenses on back

**FINANCIAL RESERVES**

**Please attach proof of capacity to meet expenses for 90 days. Please omit or black out any account numbers.**

**Examples include:**

- \$ **Bank account statements**
- \$ **Letter from bank manager indicating available loan amounts or account balances**
- \$ **Retirement account statements**
- \$ **Other income including alimony, other job (you or your spouse), retirement or disability payments**
- \$ **Statement of home equity line of credit**
- \$ **Proof of other lines of credit (i.e. available credit card balances)**
- \$ **Statement of investment savings (stock or CD’s)**