



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Financial Solvency Information

APPLICATION NUMBER
FACILITY TYPE

Facility Information

FACILITY NAME	BUSINESS STRUCTURE TYPE		
FACILITY ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	CELL PHONE NUMBER (INCLUDE AREA CODE)		

Additional Licenses Held

FACILITY NAME	LICENSE NUMBER
FACILITY NAME	LICENSE NUMBER

Delinquent Account Information **(Completed by Applicant)**

For the purposes of determining financial solvency, debt becomes delinquent when it has not been paid for more than 30 days beyond the date it was due.

LIST BELOW YOUR DELINQUENT ACCOUNTS	OUTSTANDING BALANCE AMOUNT	WHAT IS THIS FOR (CREDIT CARD, MORTGAGE, ETC.)?
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL AMOUNT DUE	\$	

Written Statement

Provide a brief statement as to why you were unable to pay your delinquent account(s).

Intent to Pay Back “Medical Delinquent Account(s) Only”

Provide a brief statement if you are making payments towards the delinquent medical account(s). If you have established a re-payment plan, please provide a copy. If you have delinquent debt not related to medical debt, you have two options: 1) Withdraw your application; or 2) Resolve your delinquent account(s). Payment arrangements are only acceptable for medical debt.

I attest that the information provided is accurate and/or true. Failure to provide the required information could result in the application being voided and/or offered to be withdrawn.

SIGNATURE OF PERSON COMPLETING FORM

DATE

Business Analysis and Applications Unit Use Only

MEETING DATE

DEPARTMENT REVIEW DECISION

ADDITIONAL INFORMATION IF NEEDED

DATE ENTERED INTO FMS

STAFF NAME