



EXECUTIVE OFFICE OF ELDER AFFAIRS
Assisted Living Certification Unit
www.mass.gov/elder

Annual Financial Disclosure Statement

ALR Name: _____

Address: _____

I. General Information

As stated in 651 CMR 12.04(13)(a)(1), a Sponsor of an Assisted Living Residence is required to file annually, within 90 days following the end of the Residence's fiscal year, a financial disclosure form prescribed by Elder Affairs which sets forth a statement by the Sponsor based upon financial statements (audited, reviewed or compiled) prepared by a certified public accountant, sufficient to permit Elder Affairs to assess the Residence's fiscal condition and ability to meet the requirements of the service plans established for its Residents.

II. Please complete the following:

(A) On behalf of _____ as the Sponsor of _____
(Corporate Name of Sponsor) (Name of Residence)

I attest that financial statements for the above named Assisted Living Residence were prepared by the following certified public accountant for the time period beginning _____ and ending _____ :

Name of the Certified Public Accountant: _____

Name of the Firm of Certified Public Accountant: _____

Address: _____

(B) The above named certified public accountant prepared financial statements for the above named

Residence based upon (check one):

- an audit of the financial position of the Residence.
 a review of the financial position of the Residence.
 a compilation of the financial position of the Residence.

(C) Based upon financial statements that were prepared by a certified public accountant, I attest to the following (check one):

_____ During the time period set forth above, the Residence was in sound fiscal condition and had sufficient financial resources to meet the requirements of the service plans that have been established for its Residents.

_____ During the time period set forth above, the Residence was not in sound fiscal condition and did not have sufficient financial resources to meet the requirements of the service plans that have been established for its Residents.

III. Signatures

I, _____, hereby confirm that the statements contained in this financial disclosure statement have been based upon financial statements which were prepared by a certified public accountant and are true, complete and correct to the best of my knowledge and belief.

Type or Print Name of Sponsor
(Individual, Corporation, Trust or Other)

Signature of Person Authorized to sign for
Sponsor (Officer, Trustee or Individual)

Print Name & Title of Person Authorized

Date

Please return the completed form to: annualreport@state.ma.us