



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

SENIOR RESIDENTIAL ENTRANCE FEE CONTRACT PROVIDER ANNUAL AUDITED FINANCIAL REPORT TRANSMITTAL FORM

GENERAL INSTRUCTIONS:

You are required to file an Audited Financial Report prepared by an Independent Certified Public Accountant within 180 days after your fiscal year end each year.

Send the filing to financialfilings@difi.az.gov. DO NOT mail a hard copy.

YOU MUST COMPLETE AND INCLUDE THIS FORM WITH THE AUDITED FINANCIAL REPORT for filing identification and recording purposes.

REQUIRED INFORMATION:

Enter the information below for the Provider whose Audited Financial Report is attached.

REGISTRATION NUMBER: PROVIDER'S NAME: FISCAL YEAR END OF REPORT:

Enter the Provider's Net Worth according to the attached Report: \$

DO NOT ROUND TO THOUSANDS

Answer each question below.

1. Has this report been prepared in accordance with generally accepted accounting principles? YES or NO. IF No, explain
2. Is the Auditor's opinion qualified OR does the Report contain a statement that the Auditors have substantial doubt about the Provider's ability to continue as a going concern? YES or NO. If YES, explain
3. Are subsequent events reported in the Notes to Financial Statements? YES or NO. If YES, reference the Page Number of the Report: Page

ENTER THE COMPLETE NAME, TITLE, TELEPHONE NUMBER, AND EMAIL ADDRESS OF THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS FILING:

Type or print name Title Telephone

Email address: Date completed: