



**Financial Affairs Division
Arizona Department of Insurance**

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**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.**

YOU MUST COMPLETE AND ATTACH THIS FORM TO THE COVER OF YOUR AUDITED FINANCIAL REPORT for filing identification and recording purposes.

REQUIRED INFORMATION:

Enter the information below 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: _____