

## ACF Annual Financial Report Certification of Operation

Facility Name	Facility Operating Certificate No.	Report Year
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I have read all the instructions and have examined the ACF Annual Financial Report (ACFAFR). I declare that all the information contained in the report, to the best of my knowledge and belief are true, correct, and complete.

Name (Print)	Percentage Ownership (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Percentage Ownership (For Profit Only)
Title	
(Signature)	Date
Name (Print)	Percentage Ownership (For Profit Only)
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(Signature)	Date
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(Signature)	Date

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Continued

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Name (Print)	Percentage Ownership (For Profit Only)
Title	
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(Signature)	Date
Name (Print)	Percentage Ownership (For Profit Only)
Title	
(Signature)	Date

**Please Note: For Profit facilities;** The certification statement must be signed **by each licensed operator**. For homes operating under an LLC, partnership or corporations with two or more members/ partners/stockholders, signatures representing 50% or more of the membership/partnership interest are acceptable.

**Not-For-Profit Facilities;** The certification statement must be signed by the President (or another authorized officer), and the Chief Fiscal Officer or the Treasurer. These must be different individuals.