

**FORM 5-5
ANNUAL RESERVE CERTIFICATION**

Provider Name: _____
 Fiscal Year Ended: _____

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended _____ and are in compliance with those requirements.

Our liquid reserve requirements, computed using the audited financial statements for the fiscal year are as follows:

	<u>Amount</u>
[1] Debt Service Reserve Amount	
[2] Operating Expense Reserve Amount	
[3] Total Liquid Reserve Amount:	

Qualifying assets sufficient to fulfill the above requirements are held as follows:

	<u>Amount</u> (market value at end of quarter)	
<u>Qualifying Asset Description</u>	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents		
[5] Investment Securities		
[6] Equity Securities		
[7] Unused/Available Lines of Credit		
[8] Unused/Available Letters of Credit		
[9] Debt Service Reserve		(not applicable)
[10] Other: _____ _____ (describe qualifying asset)		
Total Amount of Qualifying Assets Listed for Liquid Reserve:	[11] _____	[12] _____
Total Amount Required:	[13] _____	[14] _____
Surplus/(Deficiency):	[15] _____	[16] _____

Signature: _____

 (Authorized Representative)

Date: _____

 (Title)