Print Form

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND
PRIORITY RANKING POINTS

REQUEST FOR FINANCIAL NEED EVALUATION

INSTRUCTIONS: This form is to be used by an Eligible Person (as defined at Arizona Administrative Code [A.A.C.] R18-12-101) to submit to the Arizona Department of Environmental Quality (ADEQ), financial information necessary for ADEQ to assign priority ranking points for relative financial need of the Eligible Person during a ranking period (payment event). The form must be completed by the Eligible Person and include financial information of the Eligible Person only. A Designated Representative (as defined at Arizona Revised Statutes [A.R.S.] § 49-1001(4)) cannot submit the financial information nor submit financial information of the Designated Representative. A "Balance Sheet" meeting the requirements of A.A.C. R18-12-614(B) must be attached to the form. Failure to complete the appropriate parts of the form, failure to attach an appropriate Balance Sheet and/or failure to complete the "Certification Statement" will result in zero (0) financial need priority ranking points being assigned to the eligible person's claims under review. The completed form and attached Balance Sheet must be submitted to ADEQ no less than fifteen (15) days before the ranking period (payment event). If the form and Balance Sheet are received after the 15 day period begins, financial need priority ranking points will not be considered in that payment event. Once the form and Balance Sheet are submitted, resubmission is not required for subsequent payment events; however, an Eligible Person may submit revised form and information if financial circumstances change.

SECTION I – ELIGIBLE PERSON INFORMATION:

A. Name of Applicant: _____

B. Mailing address: _____
(street, city, state, zip code)

C. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

D. Eligible Person contact person (if different from the Eligible Person identified above):

1. Name and Relationship to the Eligible Person: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

Mailing address: _____
(street, city, state, zip code)

SECTION II – CLAIMS UNDER REVIEW:
Complete the below table with information on all claims under review (an Interim Determination has not been issued, nor has a Final Determination based on an incorrect claim under A.A.C. R18-12-601(C)) and for which financial need priority ranking is desired.

LUST NUMBER	CLAIM NUMBER	CLAIM CLASSIFICATION (Reimbursement, Preapproval, or Direct Payment)

SECTION III – SUMMARY OF FINANCIAL INFORMATION:

Whereas the ADEQ has declared a ranking period pursuant to A.A.C. R18-12-612, this is a request for scoring and priority ranking based on financial need. Attached is a balance sheet that meets the requirements of A.A.C. R18-12-614(B). The following summary amounts are supported by the attached Balance Sheet:

1. Total current assets of the eligible person : $
2. Total current liabilities of the eligible person: $
3. Tangible net worth of the eligible person: $
4. If the eligible person is a non profit or not-for-profit entity recognized under A.R.S. Title 10, or a local government:
   A. Total year end reserved and designated fund balance: $
   B. Total year-end unreserved and undesignated fund balance: $

SECTION III – CERTIFICATION STATEMENT: ELIGIBLE PERSON

INSTRUCTIONS: This certification statement must be signed by the Eligible Person. All signatures, including that of the Notary, and the Notary embossment or stamp must be original. No reproduced or copied signatures will be accepted. The entire Certification, signatures and notarization, unaltered from this ADEQ form, must be on one page.

CERTIFICATION STATEMENT: ELIGIBLE PERSON

1. I hereby certify, under penalty of perjury, that I have reviewed the attached Balance Sheet, including all prepared notes and schedules to the Balance Sheet. All financial information set forth on the attached Balance Sheet and notes and schedules is compiled from financial records of the Eligible Person. The Balance Sheet has been prepared using the accrual method of accounting and meets all of the requirements for a Balance Sheet in A.A.C. R18-12-614(B).

2. I hereby certify, under penalty of perjury, that all facts and statements set forth as part of this Request for Financial Need Evaluation and all attachments are true, accurate and complete to the best of my information and belief.

_____ Signature of Eligible Person _____ Printed Name _____ Relationship to Eligible Person	Sworn to and subscribed this:____ day of _____, 20__ _____ Notary Public Signature _____ My commission expires County of_____, State of ____