

Provider request for release of continuing care residence entrance fee escrow funds – CCRC form 14a

► Disclosures

1. Has the provider attached a list of resident names receiving care in residence who have escrow entrance fees subject to this request, with the amount requested for each resident?
 Yes No
2. Does the requested amount comply with the amortization schedule(s) in the continuing care in residence contract(s)?
 Yes No
3. Do the provider's assets exceed the actuarial present value of the expected cost of performing all remaining obligations to all residents under continuing care contracts?
 Yes No
4. Does the provider's operating ratio exceed 100% and the current ratio exceed 150%?
 Yes No

► Calculation 1

Provider's operating ratio (divide cash operating revenues by cash operating expenses):

- a. Cash operating revenues _____
- b. Cash operating expenses _____
- c. Operating ratio (a. divided by b.) _____

► Calculation 2

Provider's current ratio (divide current assets, including current portion of restricted funds by current liabilities):

- a. Current assets (including current portion of restricted funds) _____
- b. Current liabilities _____
- c. Current ratio (a. divided by b.) _____

► Certification

I confirm that I am authorized to file this request on behalf of:

Name of provider _____

Address of provider _____

City _____ State _____ ZIP _____

All statements, supporting forms, schedules, documents, and exhibits submitted in this request for release of entrance fee escrow funds are true and correct.

Signature of provider's representative

Printed name of provider's representative

► To be filled out by a notary public

State of _____ County of _____

Before me, notary public, on this day personally appeared _____,
Provider's representative's name

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Seal)

Notary public signature

Notary printed name

My commission expires _____

► Instructions

Email this completed form and any attachments to FinancialAnalysis@tdi.texas.gov.