

Continuing care provider (CCP) – CCRC form 11

Notice by provider of re-payment of previously released funds to the reserve fund escrow account

► Re-payment information

Amounts previously released to the provider under Section 246.078 Health and Safety Code and not repaid.

\$ _____ \$ _____ \$ _____

Date of releases (MM/DD/YYYY):

Amount repaid \$ _____

Date repaid _____

Unpaid amount outstanding \$ _____

Provider signature _____ Date _____

 **Attach affidavit of receipt of funds executed by escrow agent**

► Signature

State of _____ County of _____

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

(Seal)

Notary public signature

Notary printed name

My commission expires _____