TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Financial Analysis Section (303-1A)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
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CCRC Form #5

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

Acknowledgement – Delivery of Disclosure Statement

I (we) hereby declare that I (we) have received a current disclosure statement from

_____ dated _____

and numbered 1 through _____ prior to executing this Residency Agreement.

DATE SIGNED: _____

_____
(Resident or Legal Representative)

_____
(Resident or Legal Representative)