

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

**Application for Approval of the Commissioner
§246.078(c), Health and
Safety Code for Release of Loan Reserve
Fund Escrow Amounts in Excess of that
Allowed by §246.078(a), Health and Safety Code**

Date that amount is requested to be released: _____
(Release date may not be sooner than (date)
60 days from date application filed with the
Texas Department of Insurance (TDI))

Amount requested to be withdrawn: \$ _____

Balance of loan reserve fund escrow
at application date: \$ _____

Amounts previously withdrawn from loan reserve
fund escrow under §246.078(a) and not repaid: \$ _____

ATTACH THE FOLLOWING:

1. Copy of loan reserve fund escrow agreement.
2. Copy of all financing arrangements for constructing, purchasing, leasing, renovating, and/or operating the facility.
3. schedule of required outstanding payments and due dates under each and every financing arrangement for constructing, purchasing, leasing, renovating and/or operating the facility.
4. Copy of documents otherwise supporting the construction, purchasing, lease, renovation and/or operation of the facility.
5. A statement attesting whether payments are current under each and every financing arrangement and if not, what amounts are overdue for what period of time.
6. Monthly pro forma balance sheets, income statements and statements of cash flow projecting the date(s) of re-payments of funds advanced from loan reserve escrow back into escrow. If financing arrangements are settled in full, item #6 not required)
7. Attached affidavit from escrow agent.

The application must be submitted at least 60 days prior to the date that the release of funds from the loan reserve fund escrow account is requested. Submission of the application must be made to:

Texas Department of Insurance
Utilization Review and CCRC
Mail Code 106-1G
P.O. Box 149104
Austin, TX 787014-9104

Affidavit from Escrow Agent

I, _____ as an officer/representative of the
(full legal name)

escrow agent, _____ for
(escrow agent)

_____ attest that a balance of \$ _____
(provider)

is maintained in the loan reserve fund escrow account with \$ _____
previously withdrawn under §246.078(a), Health and Safety Code.

The amount of \$ _____ has been requested to be released by
_____ under §246.078(c), Health and Safety Code,
(provider)

which released is subject to approval of the Commissioner of Insurance, State of Texas.

Signed: _____
(escrow agent)

Date: _____

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me on the ____ day of _____, 19 ____

Affix Notary Seal Here

Signature of Notary

Notary's Printed Name

My Commission Expires: _____