

Schedule K

FINANCIAL DISCLOSURE FORM

THIS INFORMATION IS GIVEN TO YOU AS REQUIRED BY *THE LIFE LEASES ACT*

Date of Information:	The information in this form is for the previous fiscal year ending _____ Date		
	and the current fiscal year ending _____ Date.		
Life Lease Complex:	Name: _____ Location: _____		
Landlord: <i>(if agent, disclose owner)</i>	Name: _____ Address: _____ Contact: _____ Phone: _____		
Reserve Fund of Non-Profit Landlord:	<i>Attach completed Schedule K.1 for each reserve fund maintained by non-profit landlord.</i>		
Refund Fund:	Complex has a fund or funds for refunding entrance fees: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(If yes, attach completed Schedule L.)</i>		
Outstanding claims (e.g. insurance claims) and Legal Proceedings by or against Non-Profit Landlord:	Nature of Claim or Proceeding (include potential claims and legal proceedings of which notification has been given):		Estimated Amount of Claim:
Revenue and Expenditures:	Rents are based on a share of costs as specified in the lease: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(If yes, provide the following revenue and expenditure information for the previous and current fiscal years.)</i>		

REVENUE AND EXPENDITURES				
	Actual for Previous Fiscal Year	Estimated for Current Fiscal Year	Estimated Increase (Decrease)	
A. Revenue:	\$	\$	\$	%
Rental Income	_____	_____	_____	_____
Parking	_____	_____	_____	_____
Laundry	_____	_____	_____	_____
Transfer from Reserve Fund for Operating Expenditures <i>(Specify fund):</i> _____	_____	_____	_____	_____
Transfer from Refund Fund for Operating Expenditures	_____	_____	_____	_____
Other Income <i>(Specify):</i> _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Revenue	_____	_____	_____	_____

	Actual for Previous Fiscal Year		Estimated for Current Fiscal Year		Estimated Increase (Decrease)	
	\$	\$	\$	\$	\$	%
<u>B. Expenditures</u>						
Repair & Maintenance:						
General	_____	}	_____	}	_____	_____
Painting	_____					
Plumbing	_____					
Electrical	_____					
Elevators	_____					
Security	_____					
Other (Specify): _____	_____					
Utilities:						
Heating	_____	}	_____	}	_____	_____
Lights and Power	_____					
Water/Sewer	_____					
Other (Specify): _____	_____					
Property Taxes	_____		_____		_____	_____
Insurance (Specify): _____	_____		_____		_____	_____
Cable/Satellite TV	_____		_____		_____	_____
Advertising	_____		_____		_____	_____
Administration :						
Management/Operations	_____	}	_____	}	_____	_____
Audit	_____					
Trustee for Refund Fund	_____					
Professional Fees	_____		_____		_____	_____
Mortgage: Interest	_____		_____		_____	_____
Principal	_____		_____		_____	_____
Other Loan Interest	_____		_____		_____	_____
Capital Repair/Replacement (not funded by a Reserve Fund)	_____		_____		_____	_____
Other Expenditures (Specify): _____	_____		_____		_____	_____
_____	_____		_____		_____	_____
Total Expenditures	_____		_____		_____	_____
<u>C. Reserve Fund Contributions</u>						
Reserve Fund Bad Debts/Vacancies	_____		_____		_____	_____
Replacement Reserve Fund	_____		_____		_____	_____
Reserve Fund for Utilities	_____		_____		_____	_____
Other Reserve Funds (Specify): _____	_____		_____		_____	_____
_____	_____		_____		_____	_____
Total Reserve Fund Contributions	_____		_____		_____	_____
<u>TOTAL</u> B + C	_____		_____		_____	_____
<u>REVENUE SURPLUS/DEFICIT</u>	A - (B + C)		_____		_____	_____

Certification (to be signed by the owners of the life lease complex or, if the owner is a corporation, by the authorized signing officer(s) of the corporation)

I, _____, _____ position

and I, _____, _____ position

of _____, certify that the information given in this form is complete and accurate to the best of my knowledge.

(name of life lease complex/corporation)

Signature Date

Signature Date