

## Schedule K.1

### RESERVE FUND DISCLOSURE FORM

**THE LIFE LEASES ACT REQUIRES NON-PROFIT LANDLORDS TO GIVE THIS INFORMATION TO TENANTS**

<b>Life Lease Complex:</b>	Name: _____ Location: _____
<b>Landlord:</b> <i>(if agent, disclose owner)</i>	Name: _____ Address: _____
<b>Reserve Fund:</b> <i>(Complete separate form for each reserve fund.)</i>	<p>Purpose of Reserve Fund: _____</p> <p>For previous fiscal year ending: _____ Date</p> <p>Beginning of fiscal year balance: \$ _____</p> <p>Contributions: \$ _____ Income Earned: \$ _____</p> <p>Withdrawals: \$ _____ for _____ State use of funds</p> <p style="padding-left: 100px;">\$ _____ for _____</p> <p style="padding-left: 100px;">\$ _____ for _____</p> <p>Total withdrawals: \$ _____</p> <p>End of fiscal year balance: \$ _____</p> <hr/> <p>For current fiscal year ending: _____ Date</p> <p>Estimated contributions: \$ _____ Estimated income: \$ _____</p> <p>Estimated withdrawals: \$ _____ for _____ State use of funds</p> <p style="padding-left: 100px;">\$ _____ for _____</p> <p style="padding-left: 100px;">\$ _____ for _____</p> <p>Estimated total withdrawals: \$ _____</p> <p>Estimated net increase (decrease) in reserve fund: \$ _____</p>
<b>Certification:</b>	<p><i>To be signed by the owners of the life lease complex or, if the owner is a corporation, by its authorized signing officer(s).</i></p> <p>I, _____, _____ position</p> <p>and I, _____, _____ position</p> <p>of _____, certify that the information given in this form is (name of life lease complex/corporation) complete and accurate to the best of my knowledge.</p> <p>_____ Signature Date</p> <p>_____ Signature Date</p>