

Application for Initial Certificate of Registration

Date Submitted: _____

1.	Name of Facility and Chief Executive Officer:	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	Email Address:

2.	Name of Provider and Chief Executive Officer	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

3.	Total Number of all Living Units Included under this Application for an Initial Certificate of Registration: _____
	Independent Living Units: _____
	Assisted Living Beds: _____
	Comprehensive Care Beds: _____
	List the anticipated licensing date of the Health Center if different from that of the facility: _____ _____

4.	<p>The following original completed forms accompany this application to document that the Provider has at least 65% of the independent living units contracted for with a minimum of 10% of the entrance fee paid as a deposit for each contracted unit:</p> <ul style="list-style-type: none">• Verification of Contract and Deposit – Affidavits completed by Subscribers• Verification of Contracts for Certificate of Registration – Affidavit completed by the Provider• Copies of all signature pages of the Continuing Care Agreement for which Verification of Contract and Deposit Affidavits are being submitted. <p>_____ Total number of Agreements for which a deposit of at least 10% of the entrance fee has been collected.</p> <p>_____ Total dollar amount of entrance fee deposits for executed Agreement.</p>
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5.	<p>The following exhibits are included with this application:</p> <p>Exhibit A: Verification from the financial institution of the dollar amount of entrance fee deposits that are maintained in an escrow account.</p> <p>Exhibit B: A copy of a letter or other document which verifies that closing on construction financing has taken place.</p> <p>Exhibit C: A copy of a written commitment for permanent long-term financing.</p>
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The undersigned attest that the information submitted herein is true and accurate.

Notary Statement:

(Signature)

(Title)

(Date)