

Schedule K

**FINANCIAL DISCLOSURE FORM**

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

<b>Date of Information:</b>	The information in this form is for the <b>previous fiscal year</b> ending _____ Date	
	and the <b>current fiscal year</b> ending _____ Date.	
<b>Life Lease Complex:</b>	Name: _____ Location: _____	
<b>Landlord:</b> <i>(if agent, disclose owner)</i>	Name: _____ Address: _____ Contact: _____ Phone: _____	
<b>Reserve Fund of Non-Profit Landlord:</b>	<i>Attach completed Schedule K.1 for each reserve fund maintained by non-profit landlord.</i>	
<b>Refund Fund:</b>	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>	
<b>Outstanding claims (e.g. insurance claims) and Legal Proceedings by or against Non-Profit Landlord:</b>	Nature of Claim or Proceeding (include potential claims and legal proceedings of which notification has been given):	Estimated Amount of Claim:
<b>Revenue and Expenditures:</b>	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)	
<u>A. Revenue:</u>	\$	\$	\$	%
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> _____	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Total Revenue</b>	=====	=====	=====	=====

	Actual for Previous Fiscal Year		Estimated for Current Fiscal Year		Estimated Increase (Decrease)	
	\$	\$	\$	\$	\$	%
<b><u>B. Expenditures</u></b>						
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): _____	_____		_____		_____	_____
_____	_____		_____		_____	_____
<b>Total Expenditures</b>	_____		_____		_____	_____
<b><u>C. Reserve Fund Contributions</u></b>						
Reserve Fund Bad Debts/Vacancies	_____		_____		_____	_____
Replacement Reserve Fund	_____		_____		_____	_____
Reserve Fund for Utilities	_____		_____		_____	_____
Other Reserve Funds (Specify): _____	_____		_____		_____	_____
_____	_____		_____		_____	_____
<b>Total Reserve Fund Contributions</b>	_____		_____		_____	_____
<b><u>TOTAL</u></b> B + C	_____		_____		_____	_____
<b><u>REVENUE SURPLUS/DEFICIT</u></b> 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