Schedule K.1

RESERVE FUND DISCLOSURE FORM

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

Life Lease Complex:	N	
Landlord:		
(if agent, disclose	Name:	
owner)	Address:	
Reserve Fund:	Purpose of Reserve Fund:	
(Complete separate form for each reserve fund.)		
junu.)	For previous fiscal year ending:	
		Date
	Beginning of fiscal year balance: \$	
	Contributions: \$	Income Earned: \$
	Withdrawals: \$	_ forState use of funds
		State use of funds
	\$	for
	\$	for
	Total withdrawals: \$	
	End of fiscal year balance: \$	
	For current fiscal year ending: Date	
	Estimated contributions: \$	Estimated income: \$
	Estimated withdrawals: \$	
		State use of funds
	\$	
		for
	Estimated total withdrawals: \$	
	Estimated net increase (decrease) in reserve fur	nd: \$
Certification:	Estimated net increase (decrease) in reserve fund: \$ 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,	position
	and I,	,
		position
	of	, certify that the information given in this form is
	of	complete and accurate to the best of my knowledge.
	Signature	Date
	Signature	Date