

## Continuing care provider

### Application for approval by the commissioner for release of loan reserve fund escrow amounts in excess of that allowed by Section 246.078(a) health and safety code

#### ► Instructions

The application must be submitted at least 60 days before the date the release of funds from the loan reserve fund escrow account is requested.

Submit the application by email to Financial Analysis at [FAFilings@tdi.texas.gov](mailto:FAFilings@tdi.texas.gov)

#### ► Escrow information

Date that the amount is requested to be released \_\_\_\_\_  
(Date)

Amount requested to be withdrawn \$ \_\_\_\_\_

Balance of loan reserve fund escrow at application date \$ \_\_\_\_\_

Amounts previously withdrawn from loan reserve fund escrow under §246.078(a) and not repaid  
\$ \_\_\_\_\_

#### 📎 Attach the following:

1. Copy of loan reserve fund escrow agreement.
2. Copy of all financing arrangements for constructing, purchasing, leasing, renovating, and/or operating the facility.
3. Schedule of required outstanding payments and due dates under each and every financing arrangement for constructing, purchasing, leasing, renovating and/or operating the facility.
4. Copy of documents otherwise supporting the construction, purchasing, lease, renovation and/or operation of the facility.
5. A statement attesting whether payments are current under each and every financing arrangement and if not, what amounts are overdue for what period of time.
6. Monthly pro forma balance sheets, income statements and statements of cash flow projecting the date(s) of re-payments of funds advanced from loan reserve escrow back into escrow. If financing arrangements are settled in full, item #6 not required.
7. Attached affidavit from escrow agent.

**Note: Release date may not be sooner than 60 days from date of application filed with the Texas Department of Insurance (TDI)**

► **Affidavit from escrow agent**

I, \_\_\_\_\_ as an officer/representative of the escrow agent,  
Full legal name

\_\_\_\_\_ for \_\_\_\_\_  
Escrow agent Provider

attest that a balance of \$ \_\_\_\_\_ is maintained in the loan reserve fund escrow account  
with \$ \_\_\_\_\_ previously withdrawn under §246.078(a), Health and Safety Code.

The amount of \$ \_\_\_\_\_ has been requested to be released by  
\_\_\_\_\_ under §246.078(a), Health and Safety Code,  
Provider

which released is subject to approval of the Commissioner of Insurance, State of Texas.

Signed by escrow agent \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary public signature

(Seal)

\_\_\_\_\_  
Notary printed name

My commission expires \_\_\_\_\_

**Incomplete applications impede timely review by the Department; therefore, it is extremely important that applications are complete. For questions or more information, email [FinancialAnalysis@tdi.texas.gov](mailto:FinancialAnalysis@tdi.texas.gov).**

These guidelines are general in nature and do not supersede statute or regulation. They are not intended to be all inclusive and additional documentation may be requested.