

Continuing care provider (CCP) – CCRC form 12
Affidavit of re-payment of previously released funds to the reserve fund escrow account

► Certification

I, _____ as an officer or representative of the escrow agent,
Full legal name

_____ for _____
Escrow agent Provider

Attest that \$ _____ was received on _____ and deposited
in the loan reserve fund escrow account of the _____
Provider name

for _____ bringing in the loan reserve fund escrow
balance to \$ _____.

Escrow agent signature Date

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Seal)

Notary public signature

Notary printed name

My commission expires _____