

# Living Care Disclosure Act Occupancy/Sales and Proceeds Report

**Directions:** Facilities must complete all sections of this form within 30 days of the end of their fiscal quarter.

<b>Registration No.</b>		
<b>LC-</b>		
<b>I. Facility Information</b>		
Facility Name	d/b/a	
Address		
City	State	Zip
<b>II. Sales and Proceeds</b>		
Quarter Ending	Number of Life Interests or Long Term Leases Sold During the Quarter	Total Amount of Proceeds Derived From Sales During the Quarter
/ /		\$
<b>III. Occupancy</b>		
Report Period <small>(Check only one, enter month, day year)</small>		
<ul style="list-style-type: none"> <li>• First Quarter Ended    <u>  /  /  </u></li> <li>• Second Quarter Ended   <u>  /  /  </u></li> <li>• Third Quarter Ended    <u>  /  /  </u></li> <li>• Fourth Quarter Ended   <u>  /  /  </u></li> </ul>		
Percentage of Occupancy of the Facility _____%		Total Number of Units _____
Number of Occupants Who Have Life Interests or Long-Term Leases _____		
<b>IV. Signature</b>		
_____ Signature of authorized agent of Facility		
_____ Print Name		

This form is issued under Act 440, PA of 1976, as amended, and Rule 21.

When complete, please return to:  
Office of Financial and Insurance Regulation  
P.O. Box 30701  
Lansing, MI 48909-8201

This form is available in PDF format from  
our Web site at: <http://www.michigan.gov/ofir>

Our Delivery Address:  
Office of Financial and Insurance Regulation  
611 W. Ottawa Street, 3<sup>rd</sup> Floor  
Lansing, MI 48933



## Michigan Department of Energy, Labor & Economic Growth

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