CSCL/CCC-103 (01/20)

Sales and Occupancy Report

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

Registration No.
LC-

I. Facility Information

Facility Name	d/b/a	
Address		
City	State	Zip

II. Sales and Proceeds

Quarter Ending	Number of Life Interests or Long Term Leases Sold During the Quarter	Entrance Fee Proceeds From Sales During the Quarter
		$

III. Occupancy

Report Period *(Check only one, enter month, day year)*

- First Quarter Ended _____
- Second Quarter Ended _____
- Third Quarter Ended _____
- Fourth Quarter Ended _____

Overall Occupancy of the Facility _____ %

Total Number of Units _____

Independent Living Occupancy _____%

Total Number of Member Contract Terminations _____

Number of Occupants Who Have Life Interests or Long-Term Leases _____

IV. Signature

_____
Signature of authorized agent of Facility

_____
Print Name

This form is issued under Act 448, PA of 2014.

When complete, please return to:
Corporations Securities and Commercial Licensing Bureau
Securities and Audit Division, P.O. Box 30018
Lansing, MI 48909

Our Overnight Delivery Address:
Corporations Securities and Commercial Licensing Bureau
Securities and Audit Division
2407 North Grand River Avenue
Lansing, MI 48906

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