



A. Name of Manager/Supervisor: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

B. If this Entity is a Government Entity, check the type that applies.

Public Trust Authority       County       City       State

C. Complete ODH Form 953-C, Detail Attachment for the Manager/Supervisor, as an attachment to 4C.

**5. Affirmation**

Submit a copy of the *Affirmation Attachment to the Disclosure Statement* (ODH Form 953-D) for each person who holds an interest or position, as described in the instructions of ODH Form 953-C.

**6. Have there been changes in the following?** (Check all that apply and provide the effective date.)

- Owner/lessor**      Effective Date of Change \_\_\_\_\_
- Lessee**      Effective Date of Change \_\_\_\_\_
- Manager/Supervisor**      Effective Date of Change \_\_\_\_\_

**Notice to Applicant**

**The Nursing Home Care Act requires the applicant to provide, under oath, true and complete information regarding the facility and the applicant. Willfully filing false, incomplete or misleading information is a misdemeanor subject to prosecution by the District Attorney or the Attorney General. In addition, any person willfully providing false, incomplete or misleading information is subject to an administrative penalty of up to \$3,000 per day and suspension, non-renewal or revocation of the facility's license.**

I certify that the foregoing is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
*Typed or Printed Name of Person Signing for Applicant*

\_\_\_\_\_  
*Signature of Person Signing for Applicant*

\_\_\_\_\_  
*Name of Corporation, Partnership or Association*

\_\_\_\_\_  
*Official Title or Position*

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

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

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Name(s) of Person(s) Making Statement*

Notary Public Signature \_\_\_\_\_

Seal or Stamp

Notary Commission Number \_\_\_\_\_

Commission Expires \_\_\_\_\_