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Life Plan Community Provider Biographical Affidavit

Affiant's Full Name

Street

City

State

Zip

Email

In connection with the above-named Life Plan Community Provider, I herewith make representations and supply information about me as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable)

2. a. Have you ever had your name changed? (If yes, give the reason for the recent change.)

☐ YES

☐ NO

b. Other names used at any time

3. Affiant's Social Security #

4. Birth:

Date

Place

5. Business Street Address

City

State

Zip

Business Phone

E-mail Address

6. List your residence for the last ten (10) years starting with your current address, giving:

DATE

STREET ADDRESS

CITY / STATE

ZIP

7. Education: Dates, Names, Locations and Degrees

College

DATES

NAMES

CITY / STATE

DEGREES

Graduate Studies

DATES

NAMES

CITY / STATE

DEGREES

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Others

DATES

NAMES

CITY / STATE

DEGREES

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8. List memberships in professional societies and associations

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9. Present or proposed position with the Applicant Provider: \_\_\_\_\_

10. List complete employment record (up to and including present jobs, positions, directorates or officer ships) for the past twenty (20) years, giving:

DATES

EMPLOYER

STREET/CITY/STATE

TITLE

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11. a. Present employer may be contacted ☐ YES ☐ NO

b. Former employers may be contacted. ☐ YES ☐ NO

12. a. Have you been in a position which required a fidelity bond? ☐ YES ☐ NO

If any claims were made on the bond, give details.

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b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? If yes, give details. ☐ YES ☐ NO

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13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past.

DATE LICENSE ISSUED

ISSUER OF LICENSE

DATE TERMINATED

REASONS FOR TERMINATION

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14. During the last ten - (10) years, have you ever been refused a professional, occupation, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?

☐ YES

☐ NO

If yes, give details

15. List any Life Plan Community Facility in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way? If so, Please provide details

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant Life Plan Community Facility or its affiliates? If any of the shares of stock are pledged or hypothecated in any way, give details.

☐ YES

☐ NO

17. Have you ever been adjudged a bankrupt?

☐ YES

☐ NO

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? ☐ YES ☐ NO If yes, give details.

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? ☐ YES ☐ NO

If yes, give details.

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any Life Plan Community Facility which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservation?

☐ YES

☐ NO

If yes, give details.

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20. Has the certificate of authority or license to do business of any Life Plan Community Facility of which you were an owner, operator or key management person ever been suspended or revoked while you occupied such position?

☐ YES

☐ NO

If yes, give details.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(County)

in \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting  
(City)

on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

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

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

Personally appeared before me the above named \_\_\_\_\_  
Personally known to me, who, being duly sworn deposes and says that he executed the above instrument and the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

(SEAL)

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

Please submit all documents as one attachment for each category as one pdf, this will expedite processing of your application.