



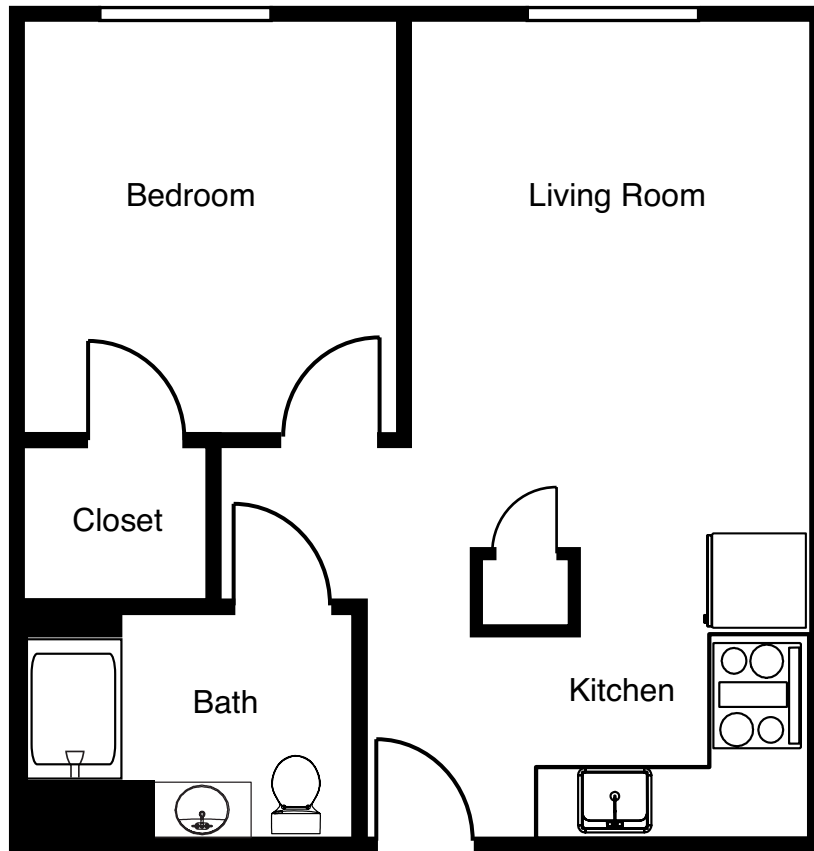
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# Assisted Living One Bedroom A

Approx. 576 sq.ft.



Date \_\_\_\_\_ Residence # \_\_\_\_\_ By \_\_\_\_\_

<b>Community Fee</b>	\$ _____	<b>Monthly Fee</b>	\$ _____
Deposit	\$ _____	2nd Person Fee	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Total \$ _____		Total Monthly Fee \$ _____	

Dimensions are approximate.  
 Floor plans may vary.