|  |
| --- |
| **SCHEDULE OF FEES** |
| Resident Name: |  |  |
| Apt. Number: |  |  |
| Effective Date: |  |  |
| **AMOUNTS:** |  |  |
| Base Rent: |  |  |
| Care Fee: |  |  |
| Pet Fee: |  |  |
| Community Fee: |  |  |
| Deposit: |  |  |
| Other: |  |  |
| Other: |  |  |
| Add’l Comments: |  |  |

|  |  |  |
| --- | --- | --- |
| Recurring Monthly Amount: |  |  |
| Amount due at move-in: |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature of Responsible Party* |  | *Date* |
|  |  |  |
| *Signature of Executive Director* |  | *Date* |