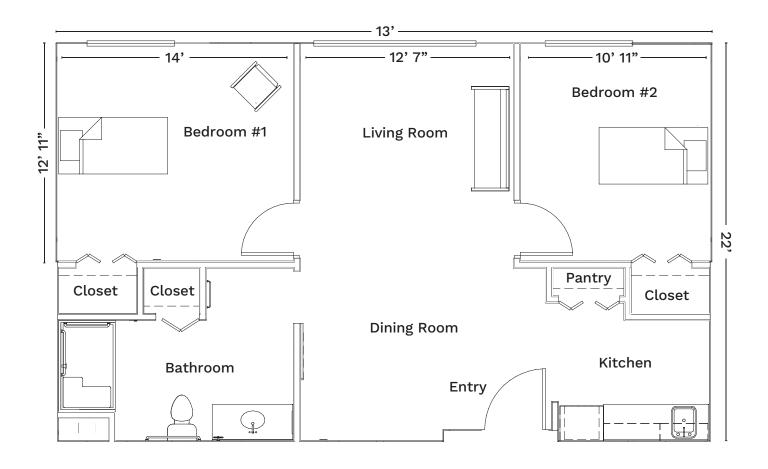


Two Bedroom

863 SQ. FT.



| DATE | RESIDENCE NUMBER | PREPARED BY | |
|------------------------|-------------------|----------------------|--|
| ONE-TIME COMMUNITY FEE | MONTHLY FEE | SECOND-PERSON FEE \$ | ESTIMATED LEVEL OF CARE* |
| OTHER \$ | TOTAL MONTHLY FEE | | *To be determined based upon clinical assessment |

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