ASSISTED LIVING RESIDENCE ADMISSION AGREEMENT
SIGNATURE PAGE

Community:		("We" or "Us")
Resident:	«First_Name» «Last_Name»	("You")
Responsible Person(s):	«ResponsiblePartyFirstName» «ResponsiblePartyLastName»	("Responsible Person(s)")
Effective Date:	«LeaseSegmentStartDate»	("Effective Date")
Date of Occupancy:		("Date of Occupancy")
Apartment Number:	«RoomNumber»	

Calculation of Basic Rate:

1.) Housing Accommodations (Pursuant to Apartment Lease - Attachment C)):	$«Rent»
2) Hospitality/Basic Services:	

Additional Care Services:

Personal Care Level:	«CareLevel»
3.) Monthly Personal Care Fee:	$
Medication Program Level:	«MedLevel»
4.) Monthly Medication Program Fee:	$
Basic Rate for First Month(:*	$ (sum of 1, 2, 3 &4)x2
Basic Monthly Rate for Second Month and thereafter subject to Adjustments pursuant to Section 3(f):*	$(sum of 1, 2, 3 & 4)

*Basic Monthly Rate is the total monthly charge for the following: (1) Rent, pursuant to the Apartment Lease – Attachment C, (2) Hospitality/Basic Services as set forth in Section 1(b), (3)Additional Care Services as set forth in Section 1(c), and (4) Medication Services. The Additional Care Services Charge is calculated based on the Resident receiving a level of care listed above (which level was determined by the Community's initial assessment of Resident). Please note that a higher rate is charged during the first month because it includes both the Basic Rate plus a one-time admission fee. The amount of the one-time admission fee is equal to the

Basic Monthly Rate in each future month resulting in the first month's Basic Rate being double that of future months. The admission fee is non-refundable and there are no specific conditions for refunds or any additional conditions regarding the admission fee.

AGREEMENT AUTHORIZATION

By signing below, you acknowledge that you have read this Residency Agreement, including the pages and the attachments that follow this signature page, understand and agree to abide by the terms and conditions therein and the obligations created by such documents, and acknowledge that you have received a duplicate copy of the Residency Agreement and all attachments referenced in the Residency Agreement.

Community Representative _____ Date _____

Title _____

Signature of Resident _____ Date _____

«First_Name» «Last_Name»
Printed Name of Resident _____

Signature of Responsible Person _____ Date _____

Printed Name of Responsible Person _____