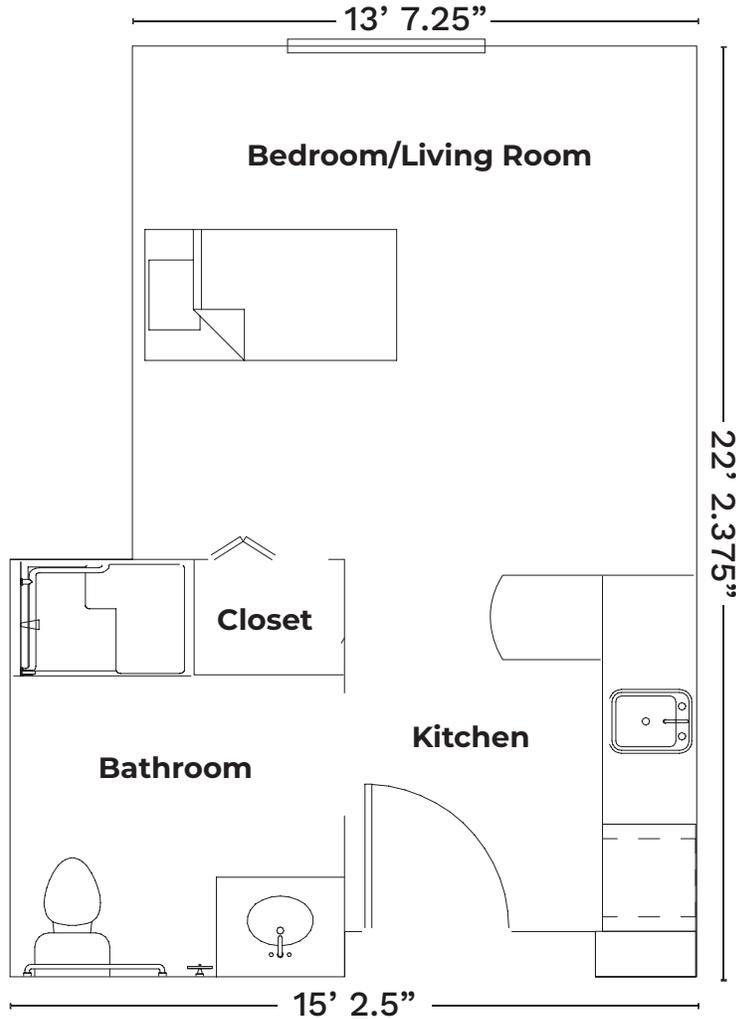




Studio

345-348 SQ. FT.



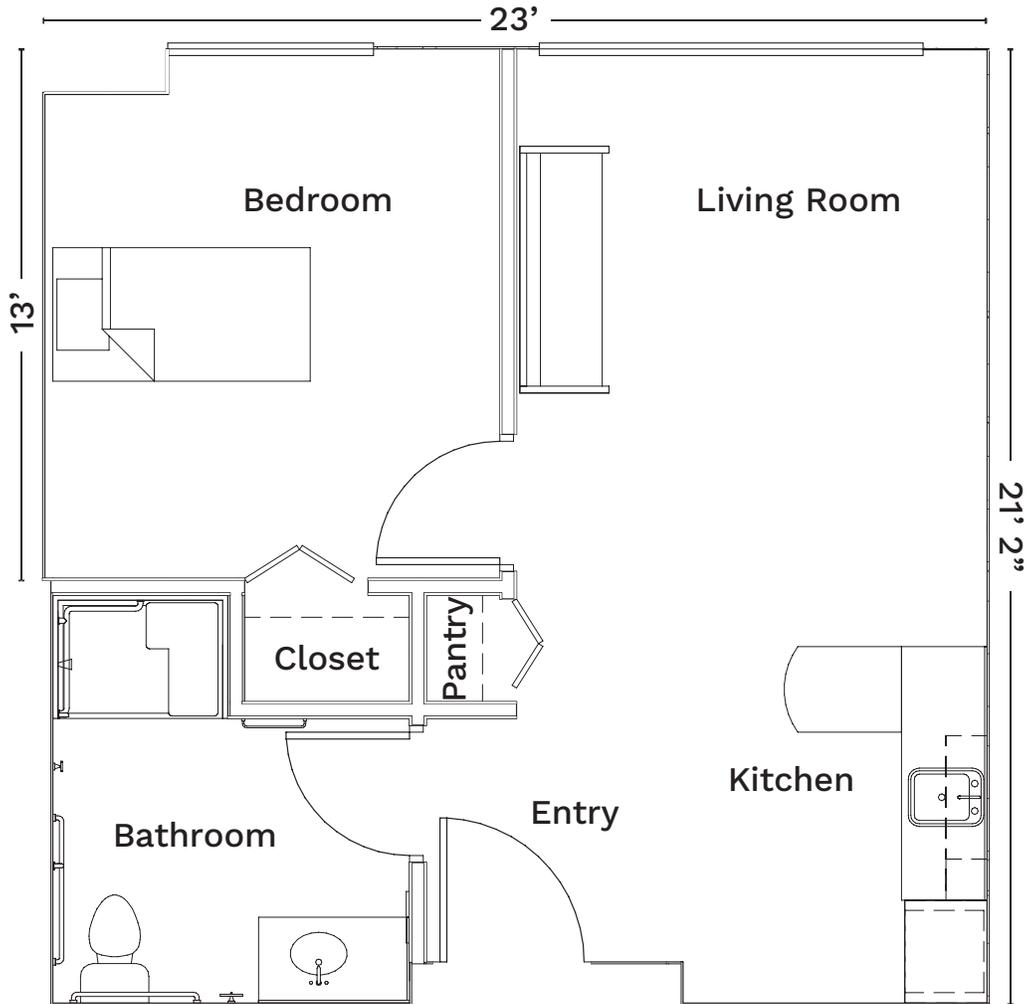
DATE _____	RESIDENCE NUMBER _____	PREPARED BY _____	
ONE-TIME COMMUNITY FEE	MONTHLY FEE	SECOND-PERSON FEE	ESTIMATED LEVEL OF CARE*
\$ _____	\$ _____	\$ _____	\$ _____
OTHER	TOTAL MONTHLY FEE		
\$ _____	\$ _____		

*To be determined based upon clinical assessment



One Bedroom

512-548 SQ. FT.



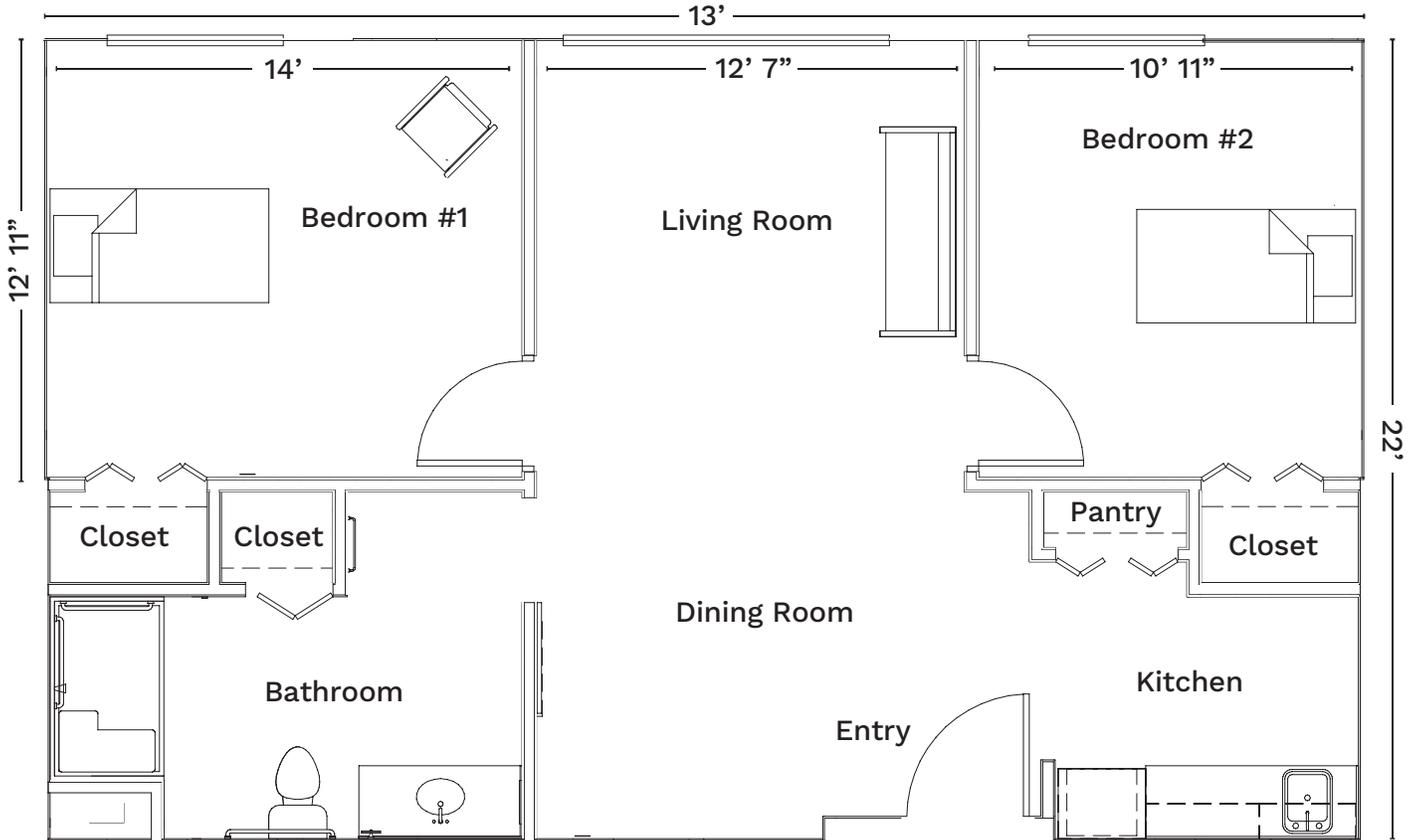
DATE _____	RESIDENCE NUMBER _____	PREPARED BY _____	
ONE-TIME COMMUNITY FEE	MONTHLY FEE	SECOND-PERSON FEE	ESTIMATED LEVEL OF CARE*
\$ _____	\$ _____	\$ _____	\$ _____
OTHER	TOTAL MONTHLY FEE		
\$ _____	\$ _____		

*To be determined based upon clinical assessment



Two Bedroom

863 SQ. FT.



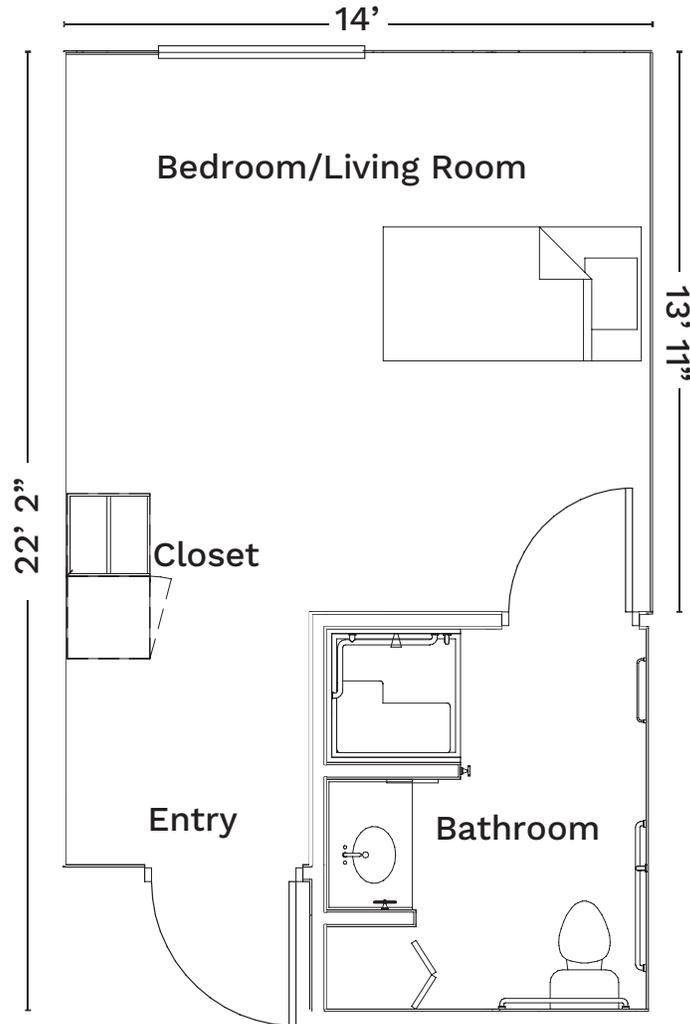
DATE _____	RESIDENCE NUMBER _____	PREPARED BY _____	
ONE-TIME COMMUNITY FEE	MONTHLY FEE	SECOND-PERSON FEE	ESTIMATED LEVEL OF CARE*
\$ _____	\$ _____	\$ _____	\$ _____
OTHER	TOTAL MONTHLY FEE		
\$ _____	\$ _____		

*To be determined based upon clinical assessment



Studio

307-315 SQ. FT.



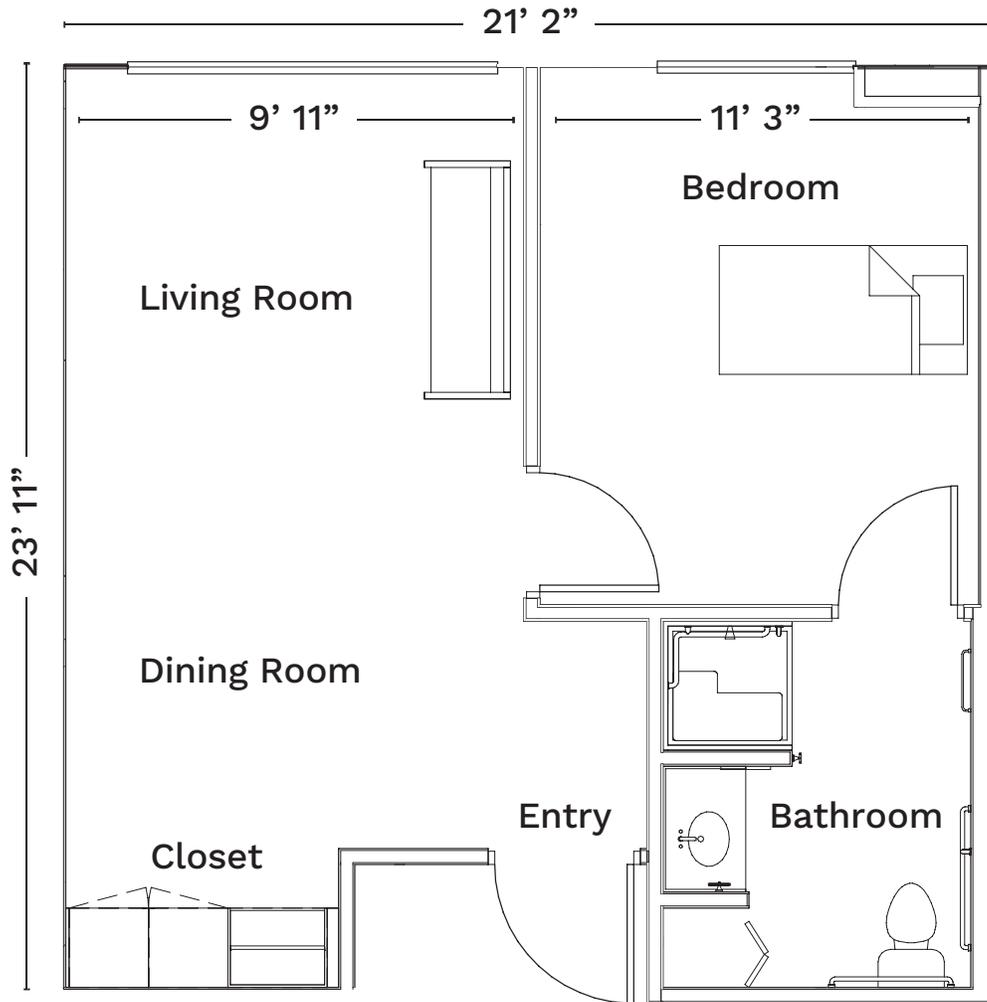
DATE _____	RESIDENCE NUMBER _____	PREPARED BY _____	
ONE-TIME COMMUNITY FEE	MONTHLY FEE	ESTIMATED LEVEL OF CARE*	OTHER
\$ _____	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY FEE			
\$ _____			

*To be determined based upon clinical assessment



One Bedroom

475-514 SQ. FT.



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