

## RESIDENT MOVE-IN SUMMARY

Suite Number: 102

Contract Signing Date: 11 Nov 2024

Sales Name: R O

Contract Term:

☒ Yearly

☐ Monthly

☐ Weekly

☐ Daily

Tenancy Commence Date: 15 Nov 2024

Contract Expiry Date: 30 Nov 2024

1<sup>st</sup> Resident Name:

abc

efg

xyz

11 Nov 1973

FirstName

Middle Name

LastName

DOB

2<sup>nd</sup> Resident Name:

jkl

stu

pqr

11 Nov 1956

FirstName

Middle Name

LastName

DOB

1<sup>st</sup> Month Payment:

☒ Received cheque # 67

11 Nov 2024

Total: \$ 36

Monthly Rate: \$56

Care Plan Rate: \$36

One Time Move in Fee: \$ 250

Parking/Scooter X ( 1 ): \$36/1

Window Screen X ( 1 ): \$47

Grab Bar X ( 1 ): \$26

Others: \$58.36

1<sup>st</sup> Security Deposit:

☒ Received cheque # jkl

11 Nov 1956

Total: \$ stu

1/2 Month Rental Deposit for 1<sup>st</sup> Resident: \$28.0

1/2 Month Care Plan: \$18.0

1/2 Month Rental Deposit for 2<sup>nd</sup> Resident: \$28.0

Move In/Out: \$ 500

Elpas X ( 1 ) : \$24

Garage Fob X ( 1 ) : \$12

Others: \$36.85

Payor Information:

☒ PAD

☐ Post Dated-Cheque

Payor's Name:R O

Bank Name:BOB

Bank ID # (3 digits):456

Account Number:56234789

Transit # (5 digits)67987

**Others:**

☒ Unit Key u\_key

☒ Elpas Fobe elp\_key

Resident Signature:sign

☒ Suite Insurance Copy Received 11 Nov 2024

☒ Suite Insurance Coverage Approved

Insurance Company Namebajaj

Policy Number:689953

Reviewed by:R A O

Date:11 Nov 2024