



## RESIDENT MOVE-IN SUMMARY

Suite Number: 440

Contract Signing Date: 18 Nov 2024

Sales Name: RAO

Contract Term:

☐ Yearly

☒ Monthly

☐ Weekly

☐ Daily

Tenancy Commence Date: 24 Nov 2024

Contract Expiry Date: 30 Nov 2024

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

hh

kk

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18 Nov 1995

FirstName

Middle Name

LastName

DOB

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

FirstName

Middle Name

LastName

DOB

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

☐ Received cheque #

Total: \$

Monthly Rate: \$500

Care Plan Rate: \$

One Time Move in Fee: \$250

Parking X ( 1 ) : \$

Scooter X ( 1 ) : \$

Window Screen X ( 1 ) : \$

Grab Bar X ( 1 ) : \$

Others: \$

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

☐ Received cheque #

Total: \$

1/2 Month Rental Deposit for 1<sup>st</sup> Resident: \$250.0

1/2 Month Care Plan: \$

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

Move In/Out: \$500

Elpas X ( 1 ) : \$

Garage Fob X ( 1 ) : \$

Others: \$

**Payor Information:**

☐ PAD

☒ Post Dated-Cheque

Payor's Name:

Bank Name:

Bank ID # (3 digits):

Account Number:

Transit # (5 digits)

**Others:**

☐ Unit Key

☐ Elpas Fob

Resident Signature:



☐ Suite Insurance Copy Received

☐ Suite Insurance Coverage Approved

Insurance Company Name

Policy Number:

Reviewed by: RO

Date: 18 Nov 2024