



## RESIDENT MOVE-IN SUMMARY

Suite Number: 102

Contract Signing Date: 15 Nov 2024

Sales Name: R O

Contract Term: ☐ Yearly ☐ Monthly ☒ Weekly ☐ Daily

Tenancy Commence Date: 19 Nov 2024

Contract Expiry Date: 30 Nov 2024

1<sup>st</sup> Resident Name: A R Oza 15 Nov 1959  
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: \$350 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: \$175.0 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: RAO

Date: 16 Nov 2024