



## RESIDENT MOVE-IN SUMMARY

Suite Number: ch

Contract Signing Date: 15 Nov 2024

Sales Name: hxhc

Contract Term:

☐ Yearly

☒ Monthly

☐ Weekly

☐ Daily

Tenancy Commence Date: 15 Nov 2024

Contract Expiry Date: 15 Nov 2024

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

fxg

zg

gz

15 Nov 2024

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: \$250

Care Plan Rate: \$

One Time Move in Fee: \$250

Parking X ( 3 ) : \$300

Scooter X ( 2 ) : \$200

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: \$125.0

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: fh

Date: 15 Nov 2024