



RESIDENT MOVE-IN SUMMARY

Suite Number: 101

Contract Signing Date: 14 Nov 2024

Sales Name: hsj

Contract Term:

☐ Yearly

☒ Monthly

☐ Weekly

☐ Daily

Tenancy Commence Date: 14 Nov 2024

Contract Expiry Date: 14 Nov 2024

1st Resident Name:

djx

shs

shsk

14 Nov 2024

FirstName

Middle Name

LastName

DOB

2nd Resident Name:

FirstName

Middle Name

LastName

DOB

1st Month Payment:

☐ Received cheque #

Total: \$

Monthly Rate: \$500

Care Plan Rate: \$

One Time Move in Fee: \$250

Parking X (1) : \$

Scooter X (1) : \$1

Window Screen X (1) : \$

Grab Bar X (1) : \$

Others: \$

1st Security Deposit:

☐ Received cheque #

Total: \$

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

1/2 Month Care Plan: \$

1/2 Month Rental Deposit for 2nd 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:

R A O

<https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6735e58738aac173158>

☐ Suite Insurance Copy Received

☐ Suite Insurance Coverage Approved

Insurance Company Name

Policy Number:

Reviewed by: shsj

Date: 14 Nov 2024