



RESIDENT MOVE-IN SUMMARY

Suite Number: 104

Contract Signing Date: 15 Nov 2024

Sales Name: R O

Contract Term:

☒

Yearly

☐

Monthly

☐

Weekly

☐

Daily

Tenancy Commence Date: 15 Nov 2024

Contract Expiry Date: 15 Nov 2024

1st Resident Name:

A

R

Oza

15 Nov 2024

FirstName

Middle Name

LastName

DOB

2nd Resident Name:

FirstName

Middle Name

LastName

DOB

1st Month Payment:

☐

Received cheque #

Total: \$

Monthly Rate: \$460

Care Plan Rate: \$

One Time Move in Fee: \$250

Parking X (1) : \$

Scooter X (1) : \$

Window Screen X (1) : \$

Grab Bar X (1) : \$

Others: \$

1st Security Deposit:

☐

Received cheque #

Total: \$

1/2 Month Rental Deposit for 1st Resident: \$230.0

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:



☐ Suite Insurance Copy Received

☐ Suite Insurance Coverage Approved

Insurance Company Name

Policy Number:

Reviewed by: RAO

Date: 15 Nov 2024