



RESIDENT MOVE-IN SUMMARY

Suite Number: 440A

Contract Signing Date: 21 Nov 2024

Sales Name: R O

Contract Term: ☐ Yearly ☐ Monthly ☒ Weekly ☐ Daily

Tenancy Commence Date: 21 Nov 2024

Contract Expiry Date: 21 Nov 2024

1st Resident Name: R A O 21 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) : \$ 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: RO

Bank Name: BOB

Bank ID # (3 digits): 678

Account Number: 123456789

Transit # (5 digits) 67890

Others:

☐ Unit Key

☐ Elpas Fob

Resident Signature:



☐ Suite Insurance Copy Received

☐ Suite Insurance Coverage Approved

Insurance Company Name

Policy Number:

Reviewed by: RO

Date: 21 Nov 2024