

Current Monthly Your Present Expenses Home

Assisted Living

| 1 | Mortgage or Rent Payment | |
|---|---|----------|
| 2 | Caregiving | |
| 3 | Home or Renter's Insurance | |
| 4 | Utilities (Electricity, Gas, Water, Sewer, Trash Removal) | Included |
| 5 | Property Insurance & Taxes | Included |
| 6 | Lawn Care & Landscaping Maintenance | Included |

| 7 | Housekeeping | Included |
|----|---|----------|
| 8 | Maintenance & Home Repairs | Included |
| 9 | 24-Hour Security | Included |
| 10 | Laundry Service (Washer & Dryer) | Included |
| 11 | Transportation (Insurance, Gas, Registration, Repairs) | Included |
| 12 | Dining | Included |
| 13 | Social, Cultural & Recreational Events | Included |

| 14 | Exercise & Wellness Programs | Included |
|----|-----------------------------------|----------|
| 15 | 24-Hour Emergency Alert System | Included |

Your Present Home Assisted Living

| | | ' | 7 toolotod Elving |
|----|------------------------|-------------------------------|-------------------|
| | Total Monthly Expenses | | |
| 16 | | Full-Time Activities Staff | Included |