



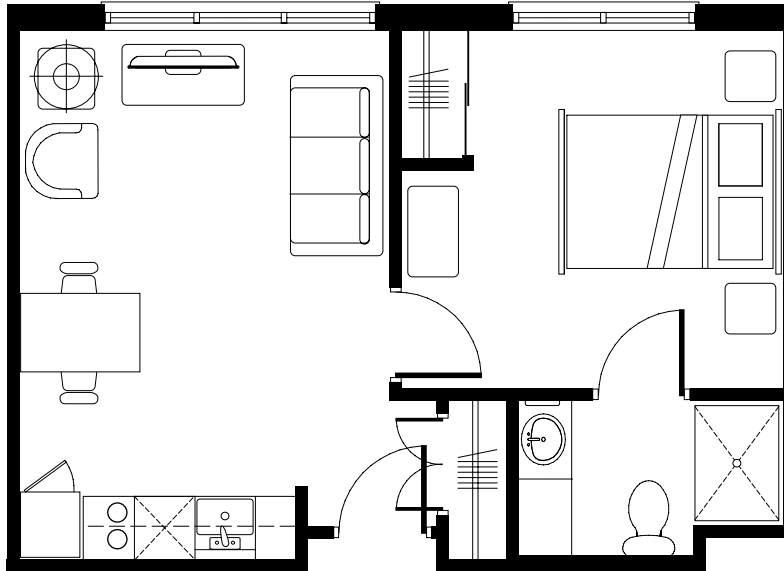
Signature Pointe

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Leda

1 Bedroom, 1 Bath • 425 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____



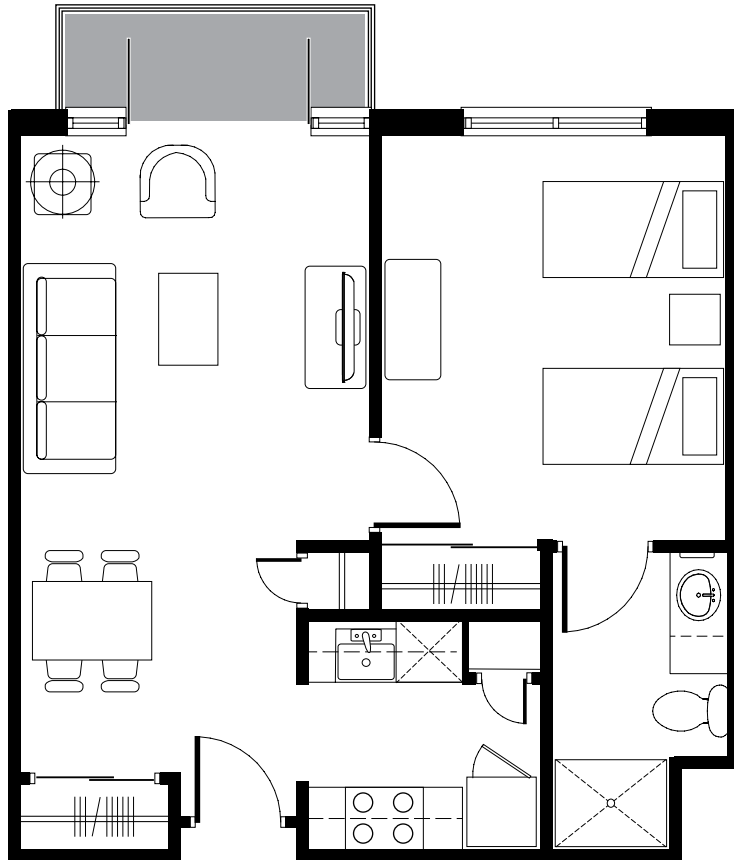
Signature Pointe

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Odette

1 Bedroom, 1 Bath • 602 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





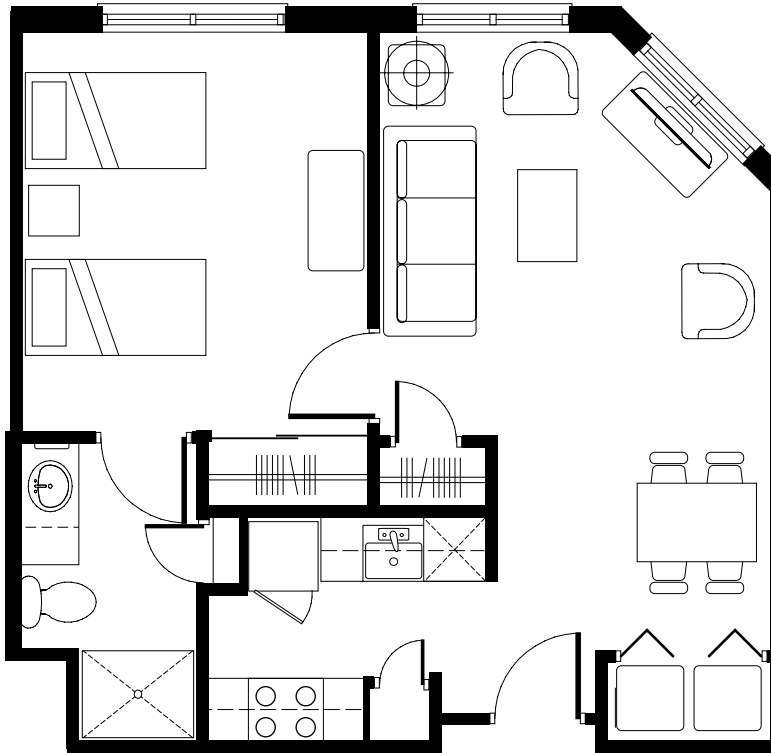
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A LIFE CARE SERVICES® COMMUNITY

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Fenella

1 Bedroom, 1 Bath • 675 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





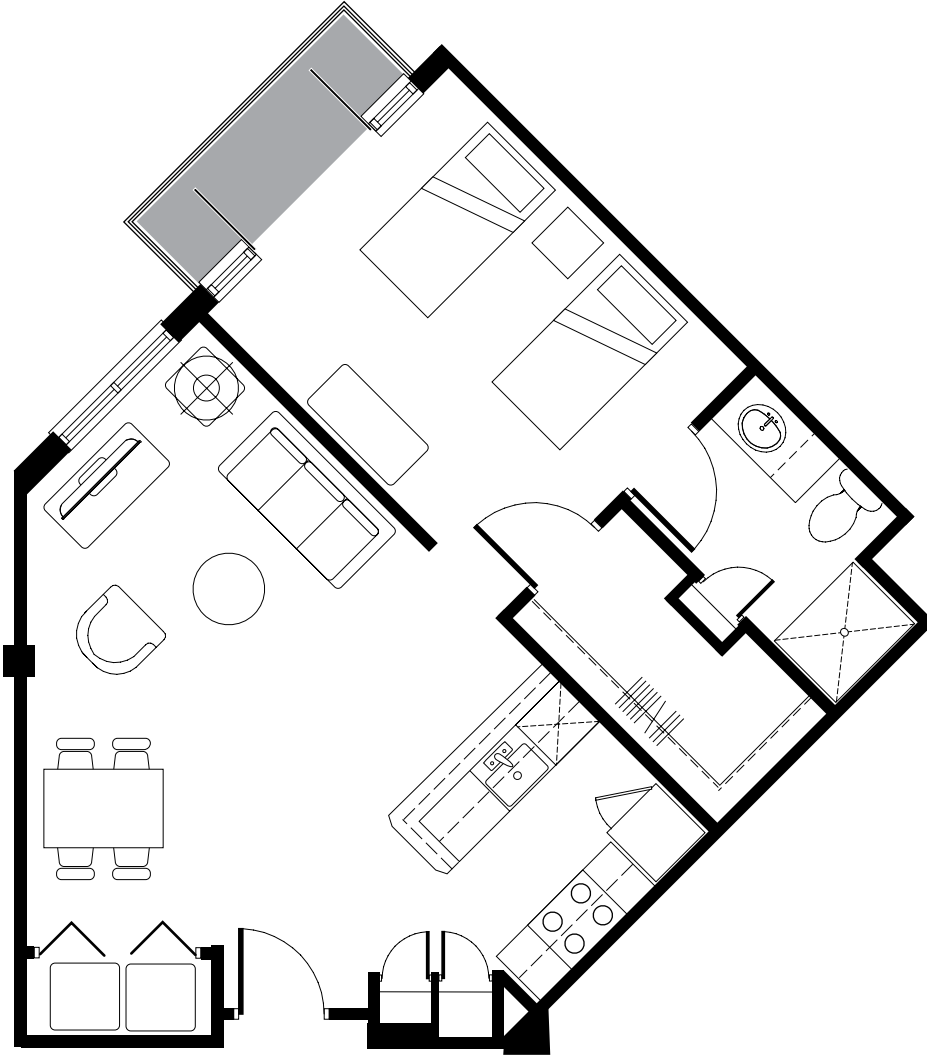
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A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Swan

1 Bedroom, 1 Bath • 725 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





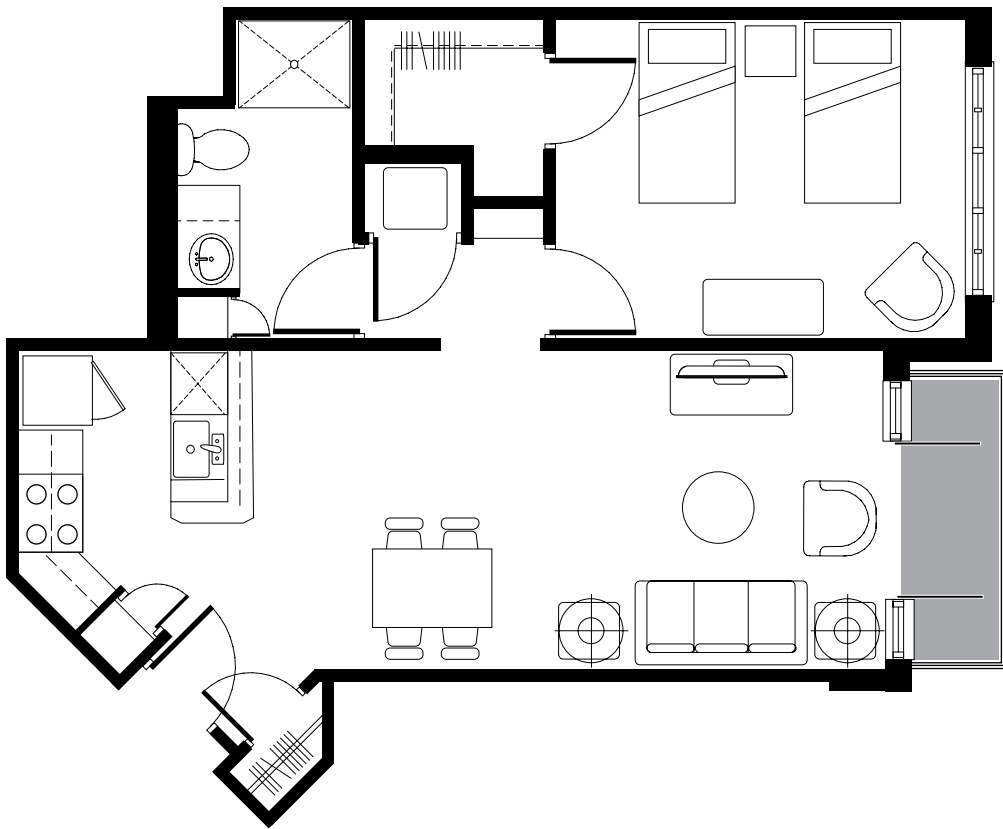
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A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Siegfried

1 Bedroom, 1 Bath • 800 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





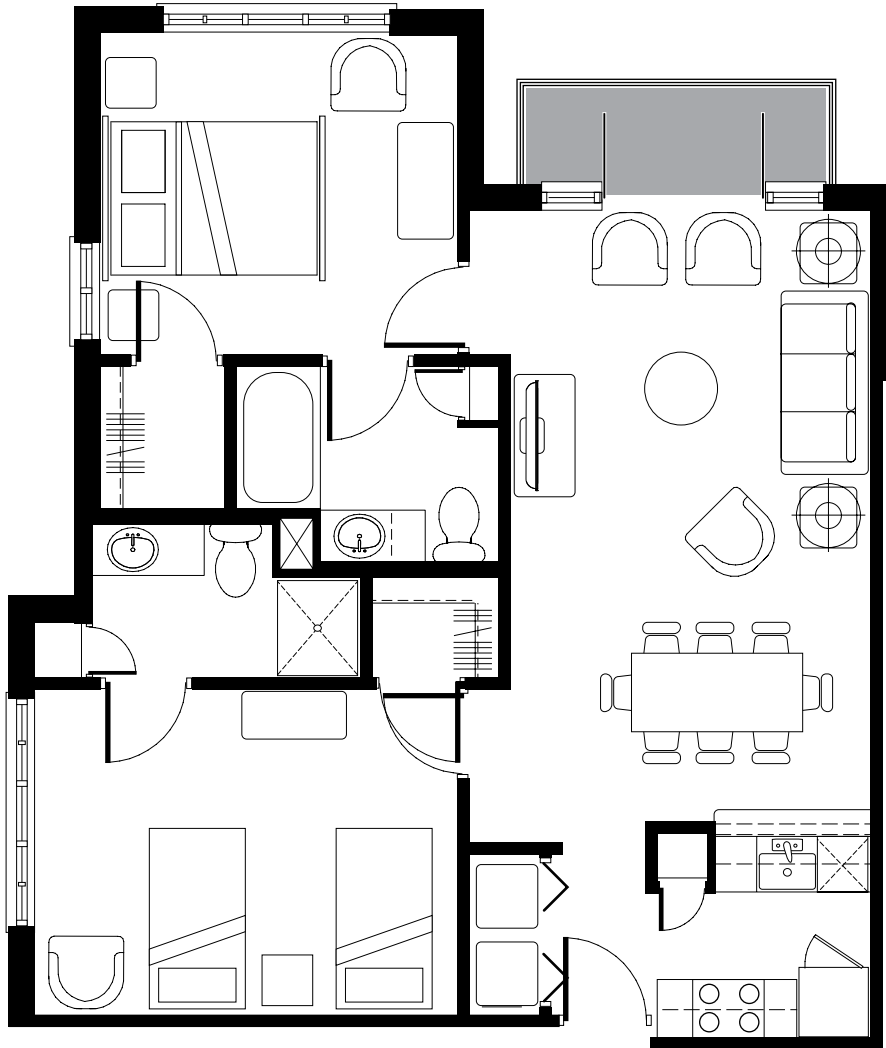
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A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Eldon

2 Bedroom, 2 Bath • 945 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





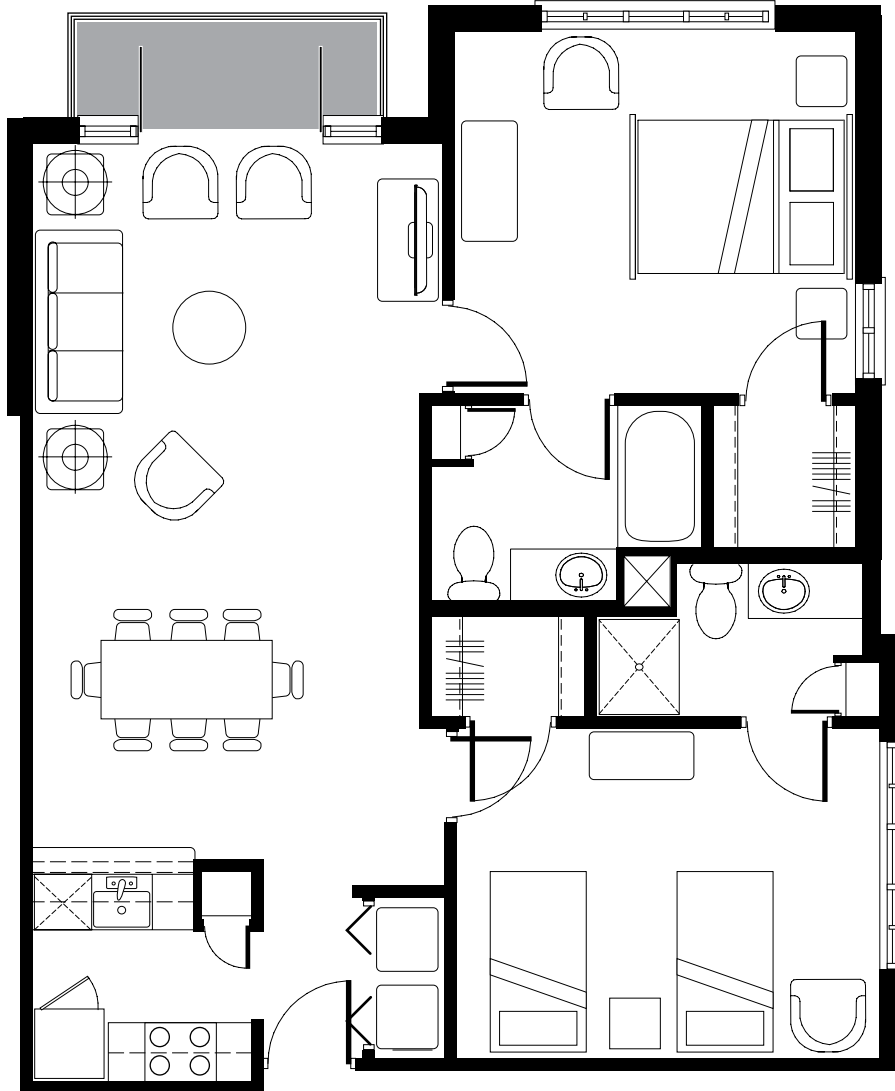
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A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

Lake

2 Bedroom, 2 Bath • 1,100 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____

