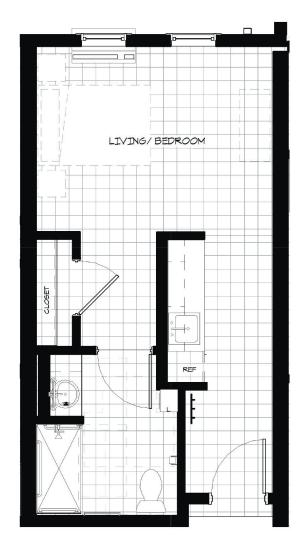


Belwood

STUDIO 371-415 SQ. FT.



| DATE | RESIDENCE NUMBER | PREPARED BY | |
|------------------------|-------------------|----------------------|---|
| ONE-TIME COMMUNITY FEE | MONTHLY FEE | SECOND-PERSON FEE \$ | ESTIMATED LEVEL OF CARE* \$ |
| OTHER \$ | TOTAL MONTHLY FEE | | *To be determined based upon clinical assessment |