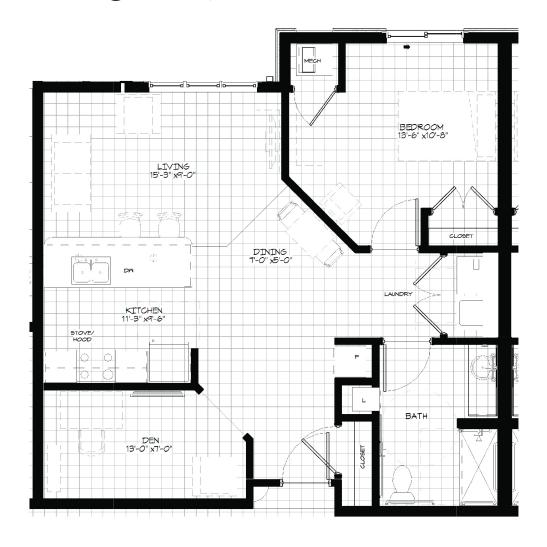


## Covington

## 1 BEDROOM WITH DEN 845 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

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