



# Assisted Living The Deschutes

Date \_\_\_\_\_

Suite # \_\_\_\_\_

Community Fee \$ \_\_\_\_\_

Pet Fee \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

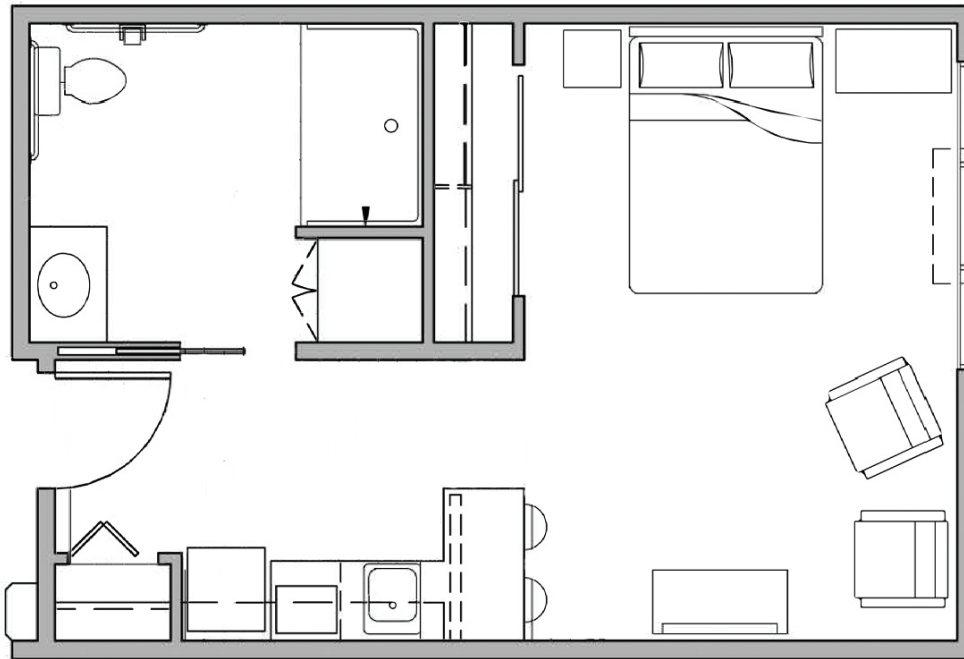
Total \$ \_\_\_\_\_

Rent Fee \$ \_\_\_\_\_

2nd Person Fee \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Rent Fee \$ \_\_\_\_\_



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