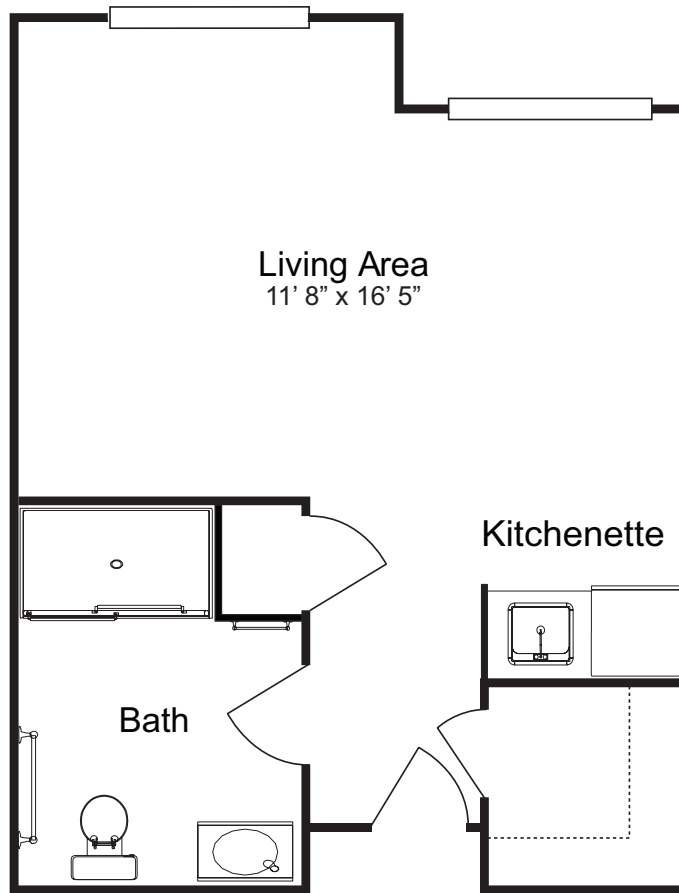


STUDIO SUITE



Date _____
Residence # _____
By _____

Community Fee \$ _____
Pet Deposit \$ _____
Other _____ \$ _____
Total \$ _____

Monthly Fee \$ _____
2nd Person Fee \$ _____
Other _____ \$ _____
Total Monthly Fee \$ _____

300 Fountaingrove Parkway • Santa Rosa, CA 95403
707.566.8600 • PineRidgeSeniorLife.com