

RATE AND FEE ACKNOWLEDGEMENT

I, the undersigned, acknowledge that The Gardens at Calvary has informed me of the following items:

_____ \$1000 Non-refundable one-time Community Fee due with first bill.

_____ Levels of care structures, assessments and reassessments 90 days after move in date.

Name: _____

Signature: _____

Date: _____

Gardens at Calvary Representative: _____