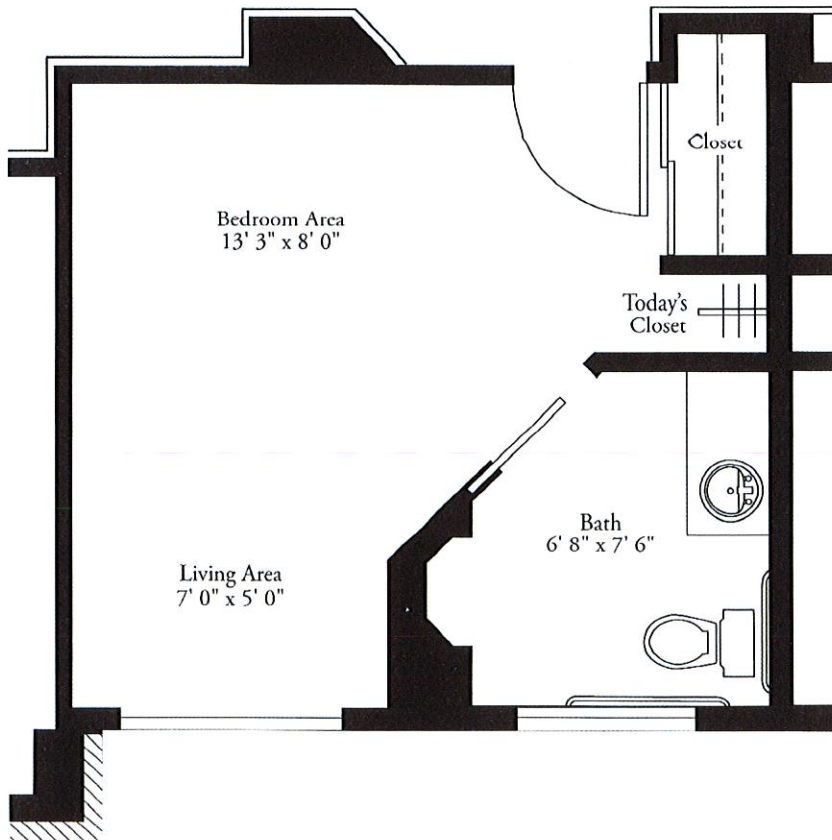


Harbour House



Private Suite
Accessible Private Bathroom
Memory Box
Decorative Shelving

Date _____ Residence # _____ By _____

Community Fee \$ _____ **Monthly Fee** \$ _____

Deposit \$ _____ 2nd Person Fee \$ _____

Other _____ \$ _____ Other _____ \$ _____

Total \$ _____ Total Monthly Fee \$ _____

Dimensions are approximate. Floor plans may vary.

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