

Senior Assisted Living Unit Lease Form

Resident Information

Resident Name

Date of Birth

Current Address

Phone Number

Email

Emergency Contact

Name

Relationship

Phone Number

Email

Lease Details

Unit Number

Move-in Date

Lease Start Date

Lease End Date

Monthly Rent (\$)

Security Deposit (\$)

Care Level & Services

Level of Care

Services Included

Additional Notes

Resident Signature

Date

Facility Representative Signature

Date