



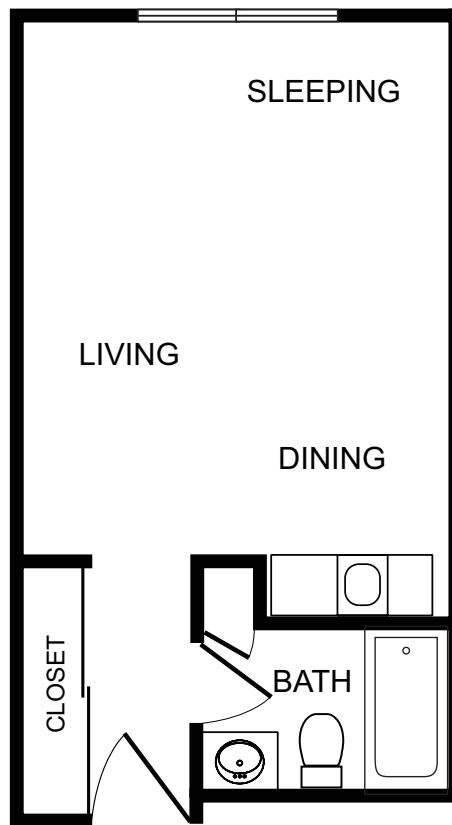
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Mount Vernon B

Studio • 335 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





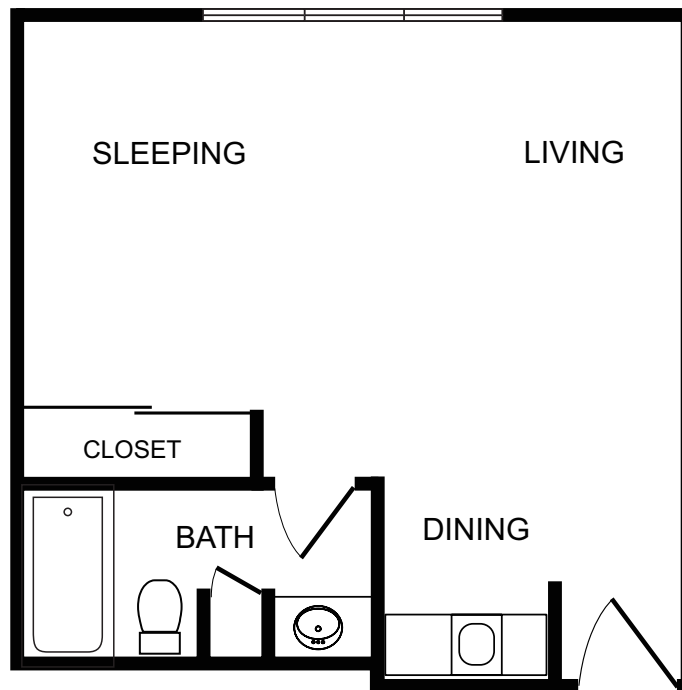
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Jefferson A

Efficiency • 425 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





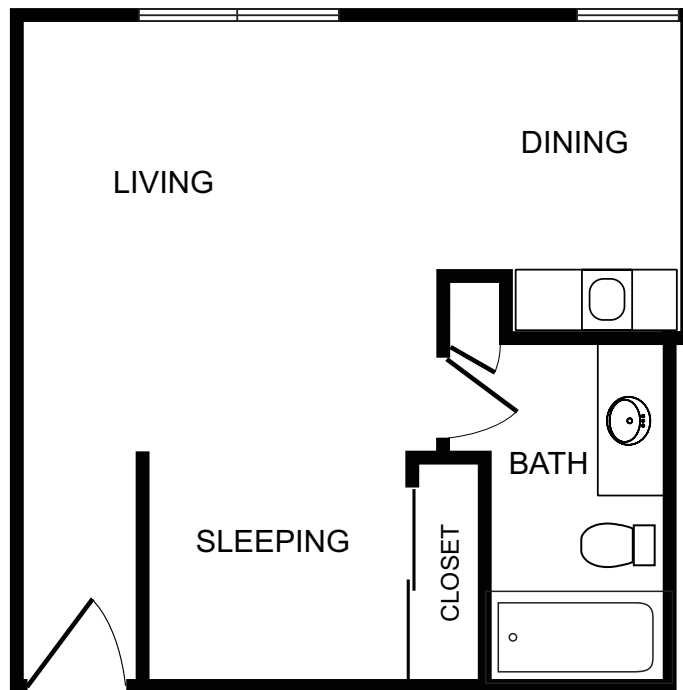
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Jefferson B

Efficiency • 425 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





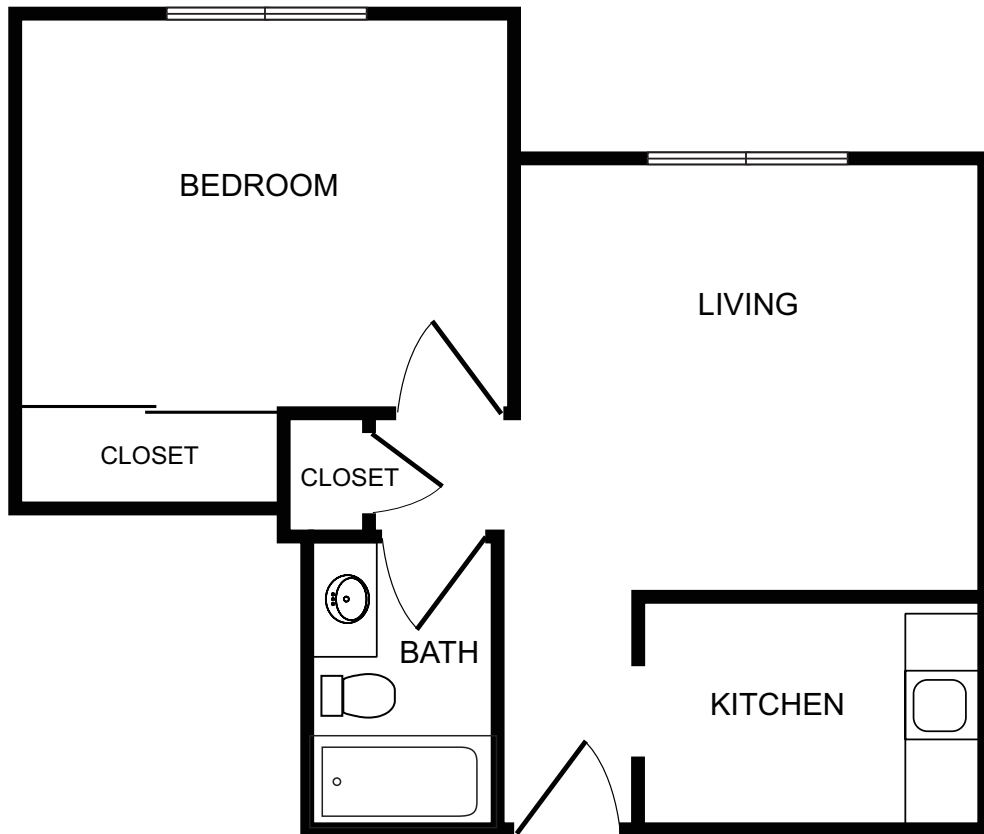
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Montpelier A

1 Bedroom, 1 Bath • 525 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





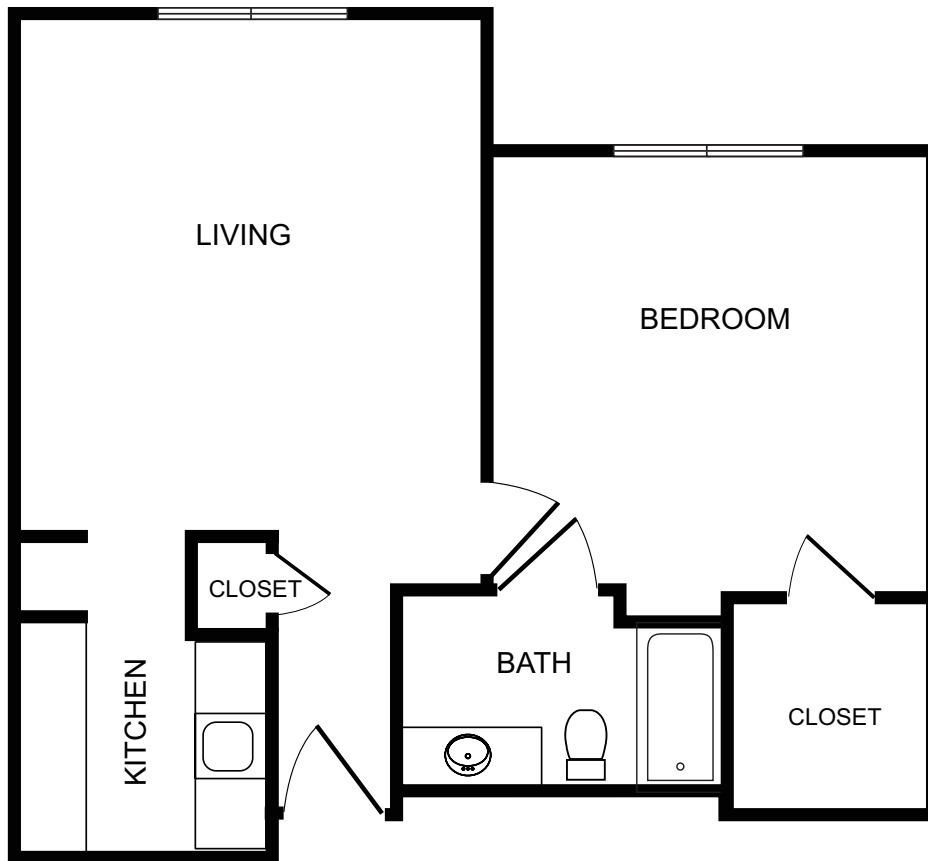
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Montpelier B

1 Bedroom, 1 Bath • 625 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





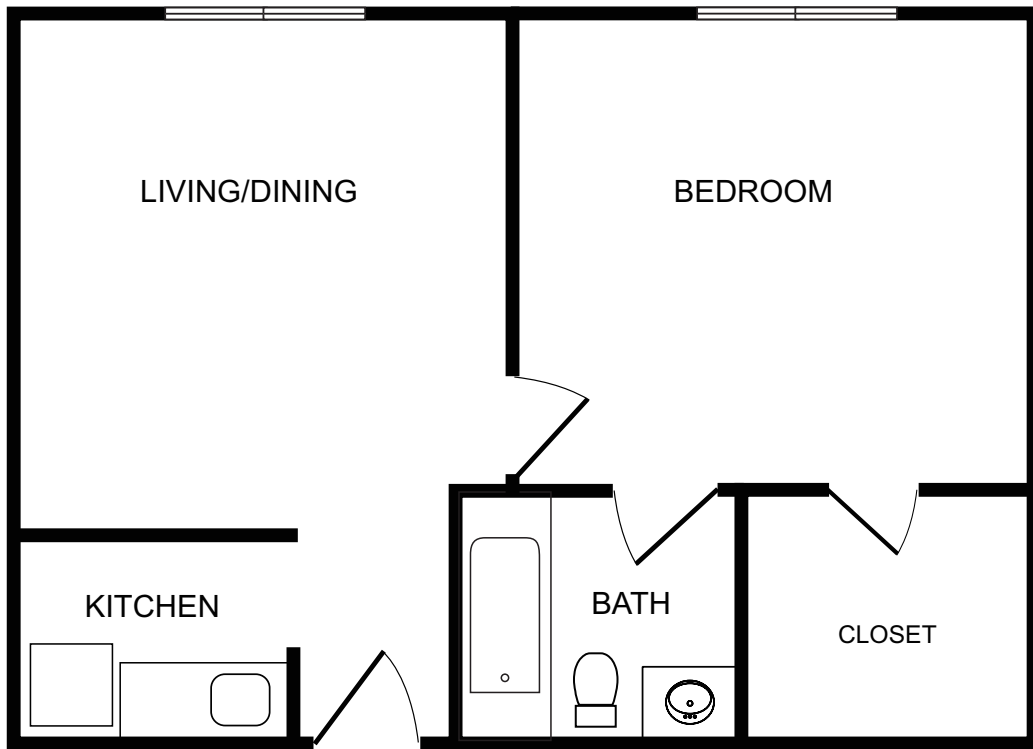
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Constitution

1 Bedroom, 1 Bath • 630-670 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____





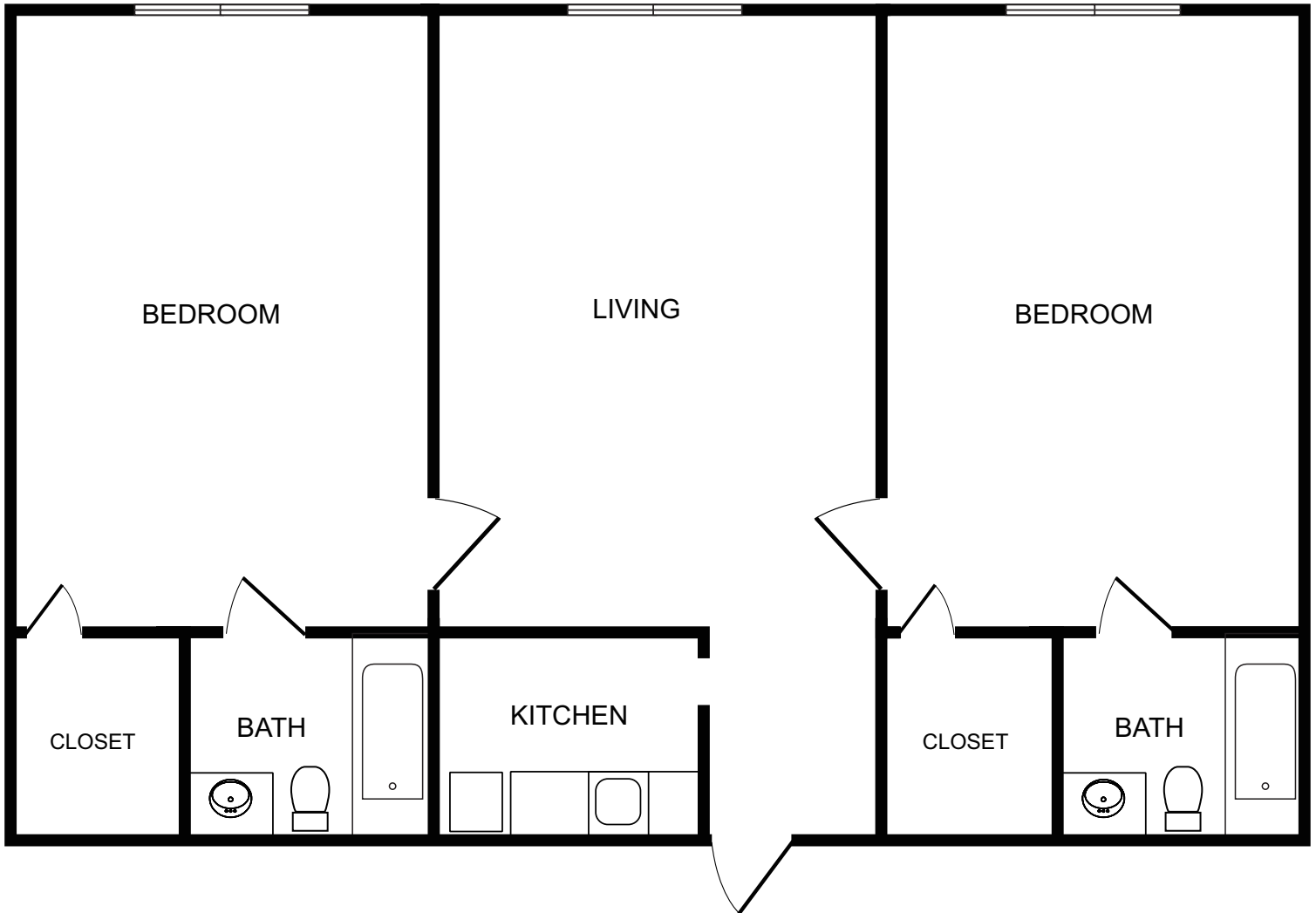
Monticello West

A LIFE CARE SERVICES® COMMUNITY

INDEPENDENT LIVING

The Virginian

2 Bedroom, 2 Bath • 975 sq. ft.



Date _____ Apartment # _____ Rep Name _____

Community Fee \$ _____

Other \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Total Monthly Fee \$ _____

