

COST COMPARISON WORKSHEET

Amenities/Services/Expenses	Your Current Cost	Community Cost
Monthly Rent or Mortgage Payment	\$ _____	\$ _____
Meals Independent Living–1 meal per day Assisted Living–3 meals per day	\$ _____	Included
Property Taxes	\$ _____	Included
Property Insurance	\$ _____	Included (no content insurance)
Condo Maintenance Fees	\$ _____	Included
24-Hour Security Service Charges	\$ _____	Included
Monthly Utilities	\$ _____	Included
Basic Cable Television	\$ _____	Included
Health Status Monitoring	\$ _____	Included
Housekeeping	\$ _____	Included
Home Maintenance (general repairs, plumbing, painting)	\$ _____	Included
Lawn care/Landscaping/Plowing	\$ _____	Included
Scheduled Transportation, Gas, Auto Insurance	\$ _____	Included
Trash Removal	\$ _____	Included
Social and Recreational Events	\$ _____	Included
Fitness Membership with Personal Trainer	\$ _____	Included
Home Care or Personal Care, Medication Reminders	\$ _____	\$ _____
Installing and Maintaining Emergency Call Equipment	\$ _____	Included
Entertainment	\$ _____	Included
Wellness Counseling and Services	\$ _____	\$ _____
TOTAL COST PER MONTH	\$ _____	\$ _____