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 (no content insurance)	$ _____	Included
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	$ _____	$ _____