

Iris

457-648 SQ FT 1 BEDROOM 1 BATHROOM



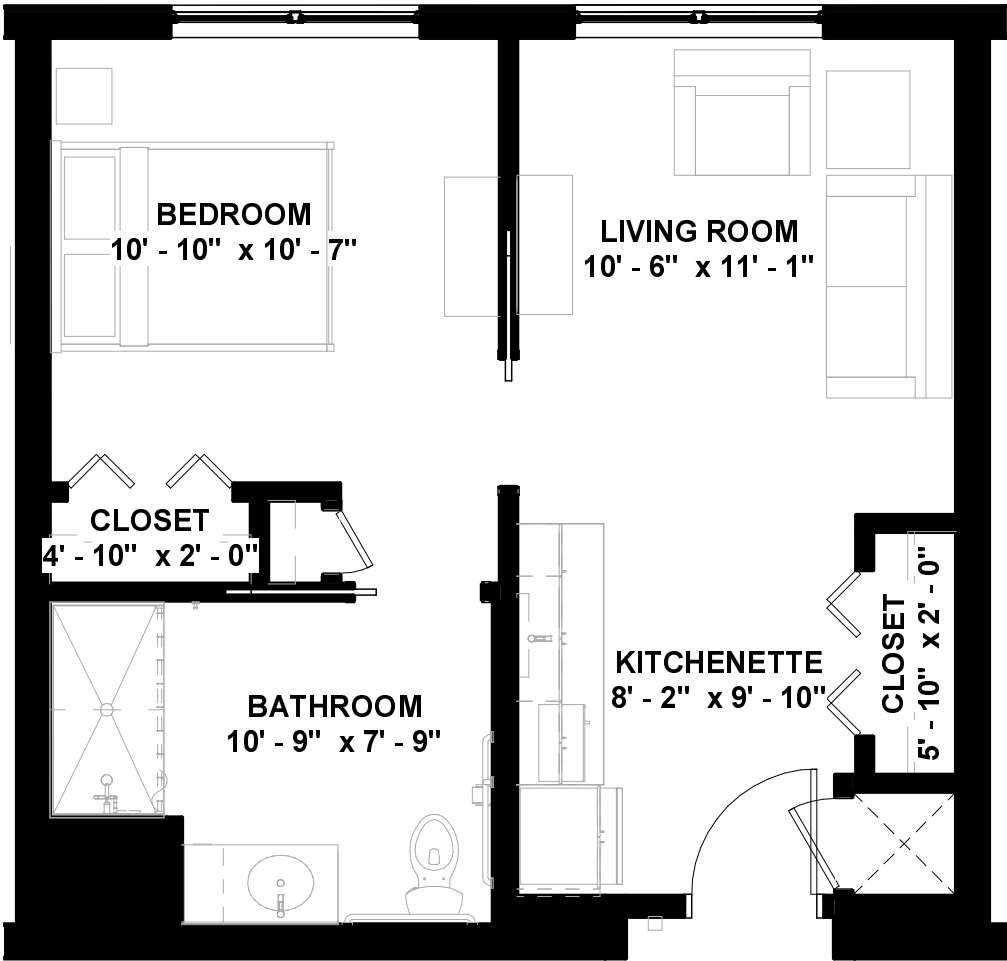
DATE _____ RESIDENCE NUMBER _____ PREPARED BY _____

ONE TIME COMMUNITY FEE	MONTHLY FEE	2 ND PERSON FEE	LEVEL OF CARE	OTHER	TOTAL MONTHLY FEE
\$	\$	\$	\$	\$	\$

Floor plan not shown to scale. Window placement may vary.

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