## Considering a Move to Meadow Ridge?

Compare your current home expenses to life at Meadow Ridge.

| MONTHLY EXPENSES  | PRESENT HOME | MEADOW<br>RIDGE |
|---|--------------|-----------------|
| Mortgage/Rent/Condo Fees  | \$           | Included        |
| Property Taxes  | \$           | Included        |
| Property Insurance (renter's policy required at resident's cost)  | \$           | Included        |
| All Major Home Maintenance and Repairs (roof, plumbing, window cleaning, appliances, gutters, painting, etc.) | \$           | Included        |
| All Utilities Except Telephone (electricity, heat, water, sewer, Internet)                                    | \$           | Included        |
| Cable Television (cable box for one TV)   | \$           | Included        |
| Trash Removal   | \$           | Included        |
| Snow Removal  | \$           | Included        |
| Lawn Care and Maintenance   | \$           | Included        |
| Swimming Pool Use and Maintenance   | \$           | Included        |
| Weekly Housekeeping   | \$           | Included        |
| Weekly Linen Service  | \$           | Included        |
| Local Transportation (within 10 miles)  | \$           | Included        |
| Transportation to Group Activities  | \$           | Included        |
| Daily Continental Breakfast   | \$           | Included        |
| Lunch or Dinner   | \$           | Included        |
| Sunday Brunch   | \$           | Included        |
| Friday Night Happy Hour   | \$           | Included        |
| Use of Private Dining Room  | \$           | Included        |
| Fitness Center (exercise classes, gym equipment, personal trainer)  | \$           | Included        |
| Social, Educational and Recreational Programs   | \$           | Included        |
| 24-Hour Security and Emergency Response System  | \$           | Included        |

TOTAL MONTHLY HOME EXPENSES: \$

## Totals

| *Total Monthly Home Expenses:   | \$ |
|---------------------------------|----|
| Minus Meadow Ridge Monthly Fee: | \$ |
| **Minus Tax Deduction:          | \$ |
| Net Monthly Savings:            | \$ |

\*Note: Add up expenses over the past seven years and divide by 84 to determine monthly expense for items such as repair or replacement of roof, electrical, HVAC, septic, asphalt, lawn care and snow removal, as well as interior/exterior painting and tree trimming or removal.

\*\*Note: Because a portion of your entrance fee and monthly fees may be attributed to healthcare needs, those fees may qualify as a medical tax deduction. Please consult with your tax advisor.

For Example:

|   | Admissio  | n Fee                  |   |  |  |
|---|-----------|------------------------|---|--|--|
| Х   | Non-Refu  | ndable Portion (.10) x | % |  |  |
| Tax Benefit in Year of Entry                    |           |                        |   |  |  |
|   |           |                        |   |  |  |
|   | Monthly F | ee                     |   |  |  |
| Х   | %         |                        |   |  |  |
| Tax Benefit per Annum (including year of entry) |           |                        |   |  |  |
|   |           |                        |   |  |  |

Second-Person Fee

%

×

Tax Benefit per Annum