

The lessor must provide the dwelling and maintain all the services, accessories and dependencies for which the lessee undertakes to pay rent.

Check off if included in the lease.

TYPE OF RESIDENCE**PRIVATE SENIORS' RESIDENCE OFFERING SERVICES FOR:**

- independent persons
- semi-independent persons

OTHER LODGING FACILITY

- specify: _____

DESCRIPTION OF PREMISES AND SERVICES

- dwelling with _____ rooms
- room
 - private
 - shared

BATHROOM

- private
- shared

GRAB BARS/HANDRAILS

- bathroom
- corridors (common areas)

HEATING

- central system
- individual control

AIR CONDITIONING

- central system
- individual control
- authorized personal air-conditioning system
 - type: _____

TELECOMMUNICATION SERVICES

- telephone
- cable television
- wireless Internet
- wired Internet
- other: _____

CALL-FOR-HELP SYSTEM

- fixed
 - bed
 - bathroom
 - washroom
 - other: _____
- mobile

MANUAL OR POWERED WHEELCHAIR

- accessible dwelling

FURNITURE AND APPLIANCES (THE LESSEE HAS THE RIGHT TO BRING)

- household appliances
 - specify: _____
- television
- furniture
 - specify: _____

BALCONY

- private
- shared

LOCKED STORAGE SPACE

- location: _____

LAUNDRY ROOM

- shared laundry room
 - service payable on a per-use basis Yes No

ELEVATOR**RECREATION SERVICES****ACCESS TO RECREATIONAL ACTIVITIES**

- specify: _____

SOCIAL DIRECTOR**INDOOR COMMON AREAS**

- library
- shared kitchen
- private area for receiving visitors
- pool
- fitness room
- billiard room
- home theatre room
- multifunctional recreation room
- bowling alley
- reception room
 - may be rented for \$ _____
- Internet room
- other: _____

OUTDOOR COMMON AREAS

- recreation area
- rest area
- garden
- pool
- other: _____

OTHER SERVICES OFFERED**RELIGIOUS ACTIVITIES**

- specify: _____

DINING ROOM OPEN TO VISITORS**MEDICAL SERVICES**

- specify: _____

NURSING CARE (SERVICES OFFERED BY THE LESSOR)

- nurse
 - specify: _____
 - schedule: _____
- nursing assistant
 - specify: _____
 - schedule: _____

CARE ATTENDANT (SERVICES OFFERED BY THE LESSOR)

- specify: _____

- schedule: _____

SECURITY

- schedule: _____
- staff member
 - nurse
 - nursing assistant
 - care attendant
 - guard
 - receptionist
 - other: _____

TRANSPORTATION

- shuttle service
- other: _____
 - service payable on a per-use basis Yes No

OTHER

PART 2 SERVICES OF A PERSONAL NATURE

The lessor must specify the cost of each of the services of a personal nature to be provided to the lessee.

These services fall into the following categories: meal services, domestic help services, security services, recreation services, personal assistance services and nursing care.

Services of a personal nature in addition to those included in this schedule may be used on a temporary or permanent basis depending on the lessee's needs and whether the lessee requests them, at the cost provided for in the list of all the services offered that is given to the lessee or his or her representative, if applicable, by the operator of a private seniors' residence before entering into the lease. The lessor undertakes to provide these services at the cost indicated in the list and throughout the term of the lease.

Check off the appropriate box for each of the services selected. Specify the cost of each service.

FOOD SERVICES

MEALS

- number of meals per day: _____
 - breakfast \$ _____
 - lunch \$ _____
 - supper \$ _____
- type of meals:
 - daily specials \$ _____
 - à la carte meals \$ _____
 - special diet meals \$ _____
 - specify: _____

MEAL HOURS

- breakfast from _____ to _____
- lunch from _____ to _____
- supper from _____ to _____

SNACKS \$ _____

- number of snacks per day: _____
- schedule: _____

MEALS AND SNACKS ARE SERVED:

- in the dining-room
- in the cafeteria
- in the dwelling or room \$ _____

TOTAL MONTHLY COST: \$ _____

PERSONAL ASSISTANCE SERVICES

- EATING ASSISTANCE** \$ _____
- specify: _____

ASSISTANCE WITH DAILY PERSONAL HYGIENE

- daily hygiene \$ _____
- specify: _____
- bathing \$ _____
- _____ times a week
- dressing \$ _____
- specify: _____
- other: _____ \$ _____

MEDICATION

- distribution of medication \$ _____
- administration of medication \$ _____
- specify: _____

INVASIVE CARE SERVICES INVOLVED IN ASSISTANCE WITH ACTIVITIES OF DAILY LIVING \$ _____

- specify: _____
- _____
- _____

TOTAL MONTHLY COST: \$ _____

NURSING CARE

- NURSE** \$ _____
- specify: _____

- number of hours: _____

- NURSING ASSISTANT** \$ _____
- specify: _____

- number of hours: _____

- CARE ATTENDANT** \$ _____
- specify: _____

- number of hours: _____

TOTAL MONTHLY COST: \$ _____

DOMESTIC HELP SERVICES

LAUNDRY

- household linen _____ times a week or _____ times a month \$ _____
- clothing _____ times a week or _____ times a month \$ _____

HOUSEKEEPING

- cleaning of dwelling or room _____ times a week or _____ times a month \$ _____
- specify: _____

TOTAL MONTHLY COST: \$ _____

OTHER SERVICES OFFERED

- HELP WITH GETTING AROUND** \$ _____
- specify: _____

ESCORT SERVICE

- medical appointments \$ _____
- errands \$ _____

- SECURITY DEVICE (for persons at risk of wandering)** \$ _____
- specify: _____

ASSISTANCE FOR COMPLETING FORMS RELATED TO THE TAX CREDIT FOR HOME-SUPPORT SERVICES FOR SENIORS \$ _____

OTHER: _____ \$ _____

TOTAL MONTHLY COST: \$ _____

TOTAL MONTHLY COST OF SERVICES \$ _____

+

BASIC RENT (see mandatory lease form) \$ _____

TOTAL RENT \$ _____

SIGNATURES

Signature of lessor (or his or her mandatory)	Day	Month	Year	Signature of lessee (or his or her mandatory)	Day	Month	Year
Signature of lessor (or his or her mandatory)	Day	Month	Year	Signature of lessee (or his or her mandatory)	Day	Month	Year
Other signatory (e.g. witness or other)	Day	Month	Year	Person to contact in case of emergency (name, address and telephone No.)			