

Comparison of Estimated Monthly Independent Living Expenses



Independent Living Offerings

To better understand the true value of Phoenix Senior Living, please use the following worksheet to calculate your current monthly costs compared to what's included with our Independent Living offerings.

	Current Housing:	Phoenix Community:
Housing		
Rent or mortgage payment	\$ _____	INCLUDED
Homeowner's insurance	\$ _____	INCLUDED
Renter's insurance-personal belongings, etc.	\$ _____	INCLUDED
Utilities (electric, cable, water, phone)	\$ _____	INCLUDED
HOA dues	\$ _____	INCLUDED
Home Maintenance		
General maintenance and servicing	\$ _____	INCLUDED
Major repairs and replacement	\$ _____	INCLUDED
Trash collection, yard care, snow removal	\$ _____	INCLUDED
Housecleaning and linens	\$ _____	INCLUDED
Redecoration and replacement	\$ _____	INCLUDED
Food and Dining		
Groceries (monthly)	\$ _____	INCLUDED
Restaurant dining	\$ _____	INCLUDED
Happy hour/social hour	\$ _____	INCLUDED
Transportation		
Car (gasoline, maintenance, repairs, insurance, replacement)	\$ _____	
Transportation	\$ _____	INCLUDED
Entertainment and Recreation	\$ _____	INCLUDED
Other Personal Expenses	\$ _____	INCLUDED
Taxes		
Real estate tax deduction benefit*	\$ _____	INCLUDED
Other	\$ _____	
TOTAL EXPENSE:	\$ _____	\$ _____

*Cost of Assisted Living may be deductible as a medical expense

Comparison of Estimated Monthly Assisted Living Expenses



To better understand the true value of Phoenix Senior Living, please use the following worksheet to calculate your current monthly costs compared to what's included with our Assisted Living offerings.

	Current Housing:	Phoenix Community:
Housing		
Rent or mortgage payment	\$ _____	INCLUDED
Homeowner's insurance	\$ _____	INCLUDED
Renter's insurance-personal belongings, etc.	\$ _____	INCLUDED
Utilities (electric, cable, water, phone)	\$ _____	INCLUDED
HOA dues	\$ _____	INCLUDED
Home Maintenance		
General maintenance and servicing	\$ _____	INCLUDED
Major repairs and replacement	\$ _____	INCLUDED
Trash collection, yard care, snow removal	\$ _____	INCLUDED
Housecleaning and linens	\$ _____	INCLUDED
Redecoration and replacement	\$ _____	INCLUDED
Food and Dining		
Groceries (monthly)	\$ _____	INCLUDED
Restaurant dining	\$ _____	INCLUDED
Three meals per day/snacks	\$ _____	INCLUDED
Happy hour/social hour	\$ _____	INCLUDED
Transportation		
Car (gas, maintenance, insurance, replacement)	\$ _____	
Transportation to activities and medical appointments	\$ _____	INCLUDED
Entertainment and Recreation	\$ _____	INCLUDED
Personal Care and Support		
Home health aides, companionship services, etc. (hourly/daily)	\$ _____	INCLUDED
Home modifications (ramps, walk-in tubs, etc.)	\$ _____	INCLUDED
Taxes		
Real estate tax deduction benefit*	\$ _____	INCLUDED
Other	\$ _____	INCLUDED
TOTAL EXPENSE:	\$ _____	\$ _____

*Cost of Assisted Living and Memory Care may be deductible as a medical expense

Comparison of Estimated Monthly Memory Care Expenses



To better understand the true value of Phoenix Senior Living, please use the following worksheet to calculate your current monthly costs compared to what's included with our Memory Care offerings.

	Current Housing:	Phoenix Community:
Housing		
Rent or mortgage payment	\$ _____	INCLUDED
Homeowner's insurance	\$ _____	INCLUDED
Renter's insurance-personal belongings, etc.	\$ _____	INCLUDED
Utilities (electric, cable, water, phone)	\$ _____	INCLUDED
HOA dues	\$ _____	INCLUDED
Home Maintenance		
General maintenance and servicing	\$ _____	INCLUDED
Major repairs and replacement	\$ _____	INCLUDED
Trash collection, yard care, snow removal	\$ _____	INCLUDED
Housecleaning and linens	\$ _____	INCLUDED
Redecoration and replacement	\$ _____	INCLUDED
Food and Dining		
Groceries (monthly)	\$ _____	INCLUDED
Restaurant dining	\$ _____	INCLUDED
Three meals per day/snacks	\$ _____	INCLUDED
Happy hour/social hour	\$ _____	INCLUDED
Transportation		
Car (gas, maintenance, insurance, replacement)	\$ _____	
Transportation to activities and medical appointments	\$ _____	INCLUDED
Entertainment and Recreation	\$ _____	INCLUDED
Personal Care and Support		
Home health aides, companionship services, etc. (hourly/daily)	\$ _____	INCLUDED
Home modifications (ramps, walk-in tubs, etc.)	\$ _____	INCLUDED
Taxes		
Real estate tax deduction benefit*	\$ _____	INCLUDED
Other	\$ _____	INCLUDED

TOTAL EXPENSE: \$ _____ \$ _____

*Cost of Assisted Living and Memory Care may be deductible as a medical expense