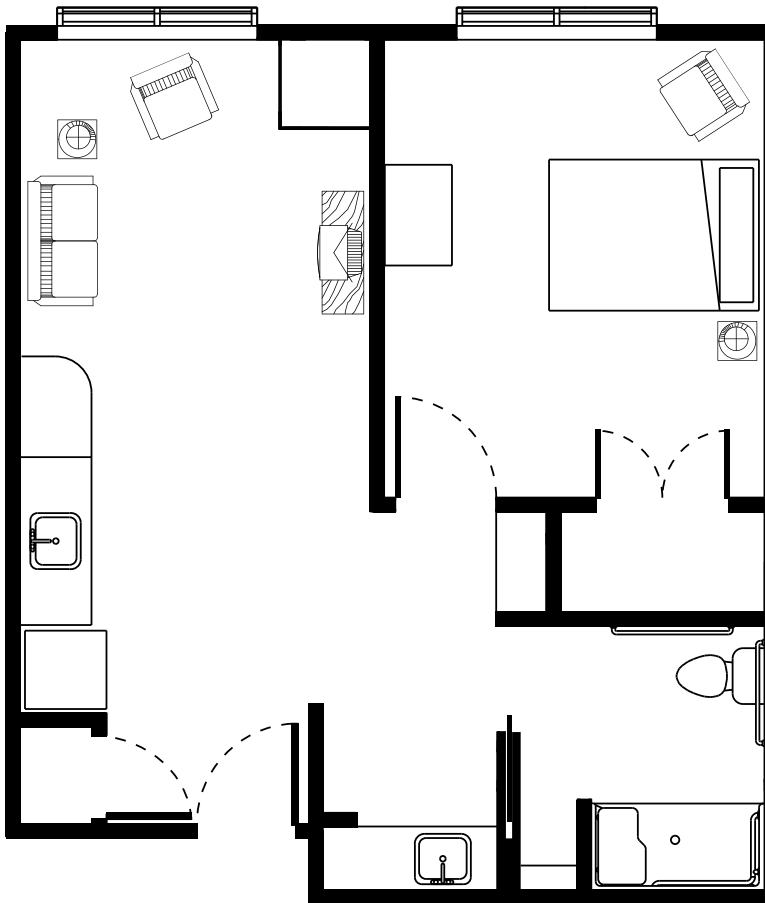


1 BEDROOM

550 SQ FT - Personal Care



THE SOLANA[®]
DOYLESTOWN



Date _____

Residence # _____

By _____

Community Fee \$ _____

Pet Deposit \$ _____

Other _____ \$ _____

Total \$ _____

Monthly Fee \$ _____

2nd Person Fee \$ _____

Other _____ \$ _____

Total Monthly Fee \$ _____

*Dimensions are approximate.
Floor plans may vary.*

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