



# Senior Living Expense Worksheet

Expense Category	Expense Item	Your Expense	Facility
Typical Monthly Expenses	Rent/Principal & Interest on Mortgage	\$ _____	Included
	Property Taxes & Insurance	\$ _____	Included
Personal Care Services	Homemaker/Companion to provide laundry, linen service, housekeeping and do chores (avg. \$19/hr per 2-4 hour minimum weekday visit in U.S., 2009*)	\$ _____	Included
	Home Health Aides to assist with activities of daily living (avg. \$21/hr per 2-4 hour minimum weekday visit in U.S., 2009*)	\$ _____	Included
	Emergency Call Service	\$ _____	Included
Home Maintenance	Appliance Repair, Plumbing, Roofing, Security	\$ _____	Included
	Lawn Care	\$ _____	Included
Daily Living Expense	Transportation (auto payment, insurance, gas, repairs)	\$ _____	Included
	Groceries (meals, snacks, beverages, preparation)	\$ _____	Included
	Activities and Entertainment	\$ _____	Included
Utilities	Water & Sewer	\$ _____	Included
	Garbage	\$ _____	Included
	Gas & Electricity	\$ _____	Included
	Peace of Mind	Priceless	Included
Other	Other Expense	\$ _____	Included
Total	Total Expense	\$ _____	\$ _____

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