



Cost Comparison Worksheet Assisted Living & Memory Care

Current Housing and Traditions Management Community Estimate of Monthly Expenses

Are you wondering if you can afford to live in a senior community? Please use the following comparison worksheet to help determine how the cost of living at Traditions Management Community compares with the cost of living in your own home, apartment, or elsewhere.

| | Present Housing | Traditions Community |
|--|-----------------|----------------------|
| <u>HOUSING</u> | | |
| Rent or mortgage payment | _____ | Included |
| Building Insurance | _____ | Included |
| Renter's Insurance-personal belongings, etc. | _____ | |
| Utilities | _____ | Included |
| Electricity & Gas | _____ | Included |
| Water & Sewer | _____ | Included |
| Telephone-domestic calls | _____ | Included |
| Cable TV Service | _____ | Included |
| Wireless Internet Service | _____ | Included |
| <u>HOME MAINTENANCE</u> | | |
| General Maintenance & servicing | _____ | Included |
| Major repairs & replacement | _____ | Included |
| Trash collection, yard care, snow removal | _____ | Included |
| Housecleaning and linens | _____ | Included |
| Redecoration & replacement | _____ | Included |
| <u>FOOD</u> | | |
| Three Meals Per Day/Snacks | _____ | Included |
| Happy Hour/Social Hour | _____ | Included |
| <u>PERSONAL CARE, MEDICAL CARE & INSURANCE</u> | | |
| Home Care/Personal Care/Medication Management | _____ | Ask What's Included |
| Medicare Premium | _____ | _____ |
| Supplemental Insurance Premium | _____ | _____ |
| Dentistry, Podiatry, Eyeglasses, etc. | _____ | _____ |
| Prescription Drugs | _____ | _____ |
| Non-Prescription Drugs | _____ | _____ |
| <u>TRANSPORTATION</u> | | |
| Car (gasoline, maintenance, repairs, insurance, replacement) | _____ | _____ |
| Transportation | _____ | Included |
| <u>ENTERTAINMENT AND RECREATION</u> | | |
| _____ | _____ | Included |
| <u>OTHER PERSONAL EXPENSES</u> | | |
| _____ | _____ | _____ |
| <u>TAXES</u> | | |
| Real Estate | _____ | Included |
| Tax Deduction Benefit* | _____ | _____ |
| Other | _____ | _____ |
| TOTAL | \$ _____ | \$ _____ |

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