

PRORATE PROMISSORY NOTE

I, _____ (the “**Resident**”), am taking possession of the Home located at _____
_____ on _____, 20____.

I understand that my payroll allotment is scheduled to start the first full month of residency. However, the first month that I am a resident, I must pay a prorated amount of \$ _____ for _____ days of occupancy beginning on _____, 20____.

I will deliver my payment in the form of a personal check, certified check, cashier’s check, electronic funds transfer (EFT), money order, credit card or debit card to Corvias Air Force Living, LLC (the “**Owner**”) no later than the close of business on _____, 20____.

Furthermore, I understand that in the event that my payroll allotment is not started the first full month of my residency (commencing on _____, 20____), I will also pay by check or money order to Owner the full amount of my Monthly Rent by the last day of the first full month of residency in the Home.

Resident

**Corvias Air Force Living, LLC, by Corvias
Management – AF, LLC, its agent**

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____