

Reservation Agreement

Reservation #	
Name(s)	Phone
Street	
City	State Zip
Email 1	Email 2
Emergency Contact	Phone
20, to be listed in line for unit selectic understand: (i) that all sale procedures an and Occupancy Agreement, which super (collectively the "Cooperative") keep the follow the List; and (iv) the Cooperative I facilitate the closing between the seller a remove name(s) on the List for any reason in either case, the deposit will be fully reference.	t: I/we hereby deposit \$500.00 on, on and membership application in the Cooperative. I/we not prices are determined by the Cooperative's Bylaws resede the List; (ii) the Cooperative and its managers List; (iii) the selling member may not be required to keeps the List for its members and only acts to and purchaser. I/we understand the Cooperative may on or I/we may remove our name(s) from the List, and fundable. There will be no interest paid on this deposit. Dicable. There are restrictions regarding pets living in ke-free and vape-free.
Signed	Date
Received ByApplewood Poir	Check # nte Representative
What are your unit preferences? (circle any that apply) Floor: 1st 2nd 3rd 4th Unit Design: 1BR 1+Den 2BR 2+De	en/Sunroom
Floor Plan:	_
Please make your check payable to: App Mail to: 8100 Russell Ave. S., Bloomingto	on, MN 55431

Phone: 952.881.1001 • Fax: 952.881.1002 • Email: applewood.southtown@gmail.com

