



## WAIT LIST AGREEMENT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Second Phone/Address if applicable, or alternate person we may contact in the event we cannot reach you:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- I. Participation is planned to include:
  - A. Membership in the Realife Cooperative of Mounds View.
  - B. Right to exclusive occupancy of a one or two bedroom apartment in the Cooperative.
  - C. Full use of all common areas and facilities.

II. Your unit type preference:

Unit Description (1or 2 bedroom, 1 or 2 bath)	Unit Type	Square Footage

III. Wait List Agreement:

I (We) hereby deposit \$200.00 on \_\_\_\_\_, 20\_\_ to assure priority for unit selection and membership application in the Realife Cooperative of Mounds View. I understand that this Agreement constitutes assurance of priority consideration only in accordance with my reservation number, and is not an agreement on my part to complete all membership requirements. If I do not wish to retain this reservation priority, my deposit is fully refundable upon written request, and my priority is void.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***NOTE: It is your responsibility to notify Realife Cooperative of Mounds View of any address or phone number changes.***

Make checks payable to: **Realife Cooperative of Mounds View**

7735 Silver Lake Road, Mounds View, MN 55112  
(763) 780-9737

Received on \_\_\_\_\_

Waitlist Reservation Number \_\_\_\_\_