



APPLEWOOD POINTE
APPLE VALLEY
 A COOPERATIVE COMMUNITY

Reservation Agreement

Reservation # _____

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____ Alternate Phone _____

Applewood Pointe Cooperative hereby acknowledges the receipt of \$500.00. **This deposit assures priority for the selection of a home and membership in Applewood Pointe Cooperative.** This is not an agreement to complete further membership requirements and can be cancelled by either party. Upon completion of the Cancellation Form, the \$500 deposit is fully refundable at any time for any reason, and the priority is void. **Applewood Pointe is a smoke/vape free community, including all common areas and living units.**

Signed _____ Date _____

Received By _____ Check # _____
 United Properties Representative

Please make your check payable to:
United Properties
Mail to:
Applewood Pointe Cooperative Communities
 8341 Lyndale Ave. S. #122
 Bloomington, MN 55420

Resident Referral Program:
 Please indicate if you were referred to Applewood Pointe by a friend or resident.
 Name: _____
 Community: _____