



# APPLEWOOD POINTE

ROSEVILLE

A COOPERATIVE COMMUNITY

## Reservation Agreement

Reservation # \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**The Reservation List (“List”) Agreement:** I/we hereby deposit \$500.00 on \_\_\_\_\_, 20\_\_\_\_, to be listed in line for unit selection and membership application in the Cooperative. I/we understand: (i) that all sale procedures and prices are determined by the Cooperative’s Bylaws and Occupancy Agreement, which supersede the List; (ii) the Cooperative and its managers (collectively the “Cooperative”) keep the List; (iii) the selling member may not be required to follow the List; and (iv) the Cooperative keeps the List for its members and only acts to facilitate the closing between the seller and purchaser. I/we understand the Cooperative may remove name(s) on the List for any reason or I/we may remove our name(s) from the List, and in either case, the deposit will be fully refundable. There will be no interest paid on this deposit. Money is refunded in joint tenancy, if applicable. There are restrictions regarding pets living in our cooperative. The Cooperative is smoke-free and vape-free.

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

Received By \_\_\_\_\_ Check # \_\_\_\_\_  
Applewood Pointe Representative

### What is your move-in time frame?

(circle one)

Less than a year

1 - 2 years

More than 2 years

### What are your unit preferences?

(circle any that apply)

Floor: 1st 2nd 3rd 4th

Floor Plan: \_\_\_\_\_

Facing Direction: North South East West

Please make your check payable to: **Applewood Pointe Roseville**

Mail to: 1480 Applewood Court, Roseville, MN 55113

Phone: 651.636.2161 • Fax: 651.636.2162 • Email: roseville@applewoodpointe.com