

Realife Cooperative at Mueller Gardens  
Reservation List Agreement

Drop off or Mail to:  
Realife Cooperative  
6670 Northwood Lane  
St. Cloud, MN 56303  
(320) 258-3094

Name(s):
Address:
City/State/Zip:
Phone:
Email:
Other Address (when)
Other City/State/Zip:

**Unit Type Preference:** The following gives us a general idea of the type of units in which you're interested. No assurances or guarantees are provided. Please list types of units you prefer:

Unit Type	Bedrooms/ Baths	Share Price	Monthly Fee	Notes about your preferences

**Please designate which open units we should call you about:**

\_\_\_ Call about all units \_\_\_ Call about 1BR Units/smaller 2BR units \_\_\_ Call about larger 2 BR Units

**How did you originally hear about our community?**

___ Referral/ who	___ Drive By	___ Open House
___ Ad/where	___ Mailing	___ Other _____

**Pets:** There are restrictions regarding pets living in our smoke-free cooperative. Describe the type, number and size of pet who will live with you (if none, indicate N/A):

**The Reservation List ("List") Agreement:** I/we hereby deposit **\$200** 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 and provide potential buyers' names in the listed order to those members wishing to sell; (iii) the Cooperative itself does not sell to persons on the List or negotiate terms of sale; (iv) the selling member may not be required to follow the List; and (v) 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, **upon written request.**

Signature:	Date:
Signature:	Date:
Signature:	Date:

(office use only):

Rec'd by: \_\_\_\_\_ Reservation# \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check payable to: Realife Cooperative at Mueller Gardens**