

PRIORITY RESERVATION AGREEMENT



Name(s) _____ Phone (_____) _____

Name(s) _____ Cell Phone (_____) _____

Address _____ E-mail _____

City _____ State _____ ZIP _____

Estimated Annual Income: Under \$25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000 +

Unit preference*: 1st _____ 2nd _____

*Unit preference is not required upon submission of the Priority Reservation Agreement.

A deposit of \$500.00 assures priority of a unit selection at MirAvanti Cooperative at Ridgmar based upon your priority reservation number. Upon notice from MirAvanti Cooperative at Ridgmar and verification of certain membership requirements including minimum income and age restrictions, priority reservation holder(s) will enter into a subscription agreement to select their unit, storage unit, and parking space. The priority reservation agreement may be deemed cancelled by either party upon receipt of written request, at which time the deposit will be refunded. Personal financial information will not be disclosed to third parties other than in the limited circumstances required by law. Only employees and independent contractors associated with MirAvanti Cooperative at Ridgmar and those authorized by Ridgmar Senior Housing, LLC will have access to this information.

Applicant signature _____ Date _____

Applicant signature _____ Date _____

Please make your check payable to:
Ridgmar Senior Housing, LLC

Mail to:
MirAvanti Cooperative
6755 Ridgmar Boulevard
Fort Worth, TX 76116
(817) 731-0055

FOR OFFICE USE ONLY:

Deposit _____ Priority Reservation Number _____

Received by _____ Date _____



EQUAL HOUSING
OPPORTUNITY

MirAvanti
Cooperative
at Ridgmar

817-731-0055

www.MirAvanti.com

Mar 2010