



Country Meadow Place

Apartment Reservation Form

Date _____ Resident Name _____

Move-In Date _____ Apartment _____

Reservation Fee \$ _____ Received On _____

Resident Address: _____

Phone: _____

Family Contact/Representative: _____

Address: _____

Phone: _____ Home
_____ Work

By reserving apartment _____ with a \$200.00 non-refundable hold fee listed above, Resident agrees to move to this Community within 30 days, of completion of the building, or to begin paying a monthly fee for the apartment. I, the undersigned, understand that the apartment reservation fee does not guarantee move-in, and that the application must be approved and a Comprehensive Assessment will be performed by the nurse prior to move-in, and an Individualized Service Plan (ISP) completed, thereafter, to determine the monthly fees. After the Assessment and ISP are completed, the undersigned has the option to withdraw the reservation within 3 business days, if it is decided not to move in. After the Assessment and ISP are completed the hold fee will be applied to the rent at move-in.

Resident or Family Representative

Date

Community Representative

Date