



RESERVATION AGREEMENT

Secure Your Place in Our Community.

I would like to reserve an apartment at the Nagel Assisted Living & Memory Care community, a residence where I can build solid relationships with my neighbors and my staff, while receiving the continued support I need to live my life to the fullest.

I understand that a reservation deposit or deposit waiver along with this Reservation Agreement entitles me to exercise my option to take possession of my apartment within 30 days of receipt.

My \$1,000 refundable reservation deposit entitles me to hold an option to rent, at no obligation. If I move in to Nagel Assisted Living & Memory Care, this \$1,000 becomes a refundable damage deposit. If I am on a state or county housing waiver program, I understand that this deposit is waived and I may reserve my option to rent by filling out this Reservation Agreement.

\$1,000 Deposit Required N/A – I’m on a state or county housing waiver program.

I am interested in reserving the following size apartment:

Today’s Date: _____ Single Occupancy Double Occupancy

Monthly Rent: _____ Triple Occupancy **Memory Care?** Yes No

NOTE: You will also be selecting a Customized Care Level Package, not reflected in the cost of this base rent. This package will be determined through a Nurse Assessment prior to move-in.

Resident Name(s): _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact’s Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Move-In Date: ____/____/____

Reserved Apartment #: _____

Resident/Representative’s Name: _____

Resident/Representative’s Signature: _____ Date: ____/____/____

Nagel Representative’s Name: _____

Nagel Representative’s Signature: _____ Date: ____/____/____

