



# 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

Meal Plan: \_\_\_\_\_

Level of Care: \_\_\_\_\_

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

