

7500 York Cooperative

7500 York Avenue South
Edina, MN 55435

**FLOOR
PLAN
A -F**

Account# _____

Date Rec'd _____

Reservation # _____

Priority Reservation Agreement – 1

Applicant

Name _____
Social Security # _____
Date of Birth _____

Co-Applciant

Name _____
Social Security # _____
Date of Birth _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

PHONE _____ E-MAIL _____

Alternative Contact: _____ PHONE _____ E-MAIL _____

Apartment Type Desired: (1) _____ (2) _____ (3) _____

Active = A; Inactive = I (1) _____ (2) _____ (3) _____

I/We hereby request a Priority Reservation at 7500 York Cooperative for purchase of a membership and occupancy of an apartment. In consideration, a deposit in the amount of **\$5,000** (refundable upon request) is herewith made, with the understanding that the deposit will bear simple interest at an annual rate of .5% payable at time of share purchase or time of the deposit refund. This account is held as sole ownership in the name of the Applicant. If a co-applciant is listed, this account is held in joint tenancy. If you wish to hold this account in a trust please indicate the person(s) who are to be listed as Applicant(s) and attach a Certificate of Trust.

The rate of interest payable on the reservation deposit may be increased or decreased from time to time by 7500 York Cooperative upon thirty-day (30 day) prior written notice to the Applicant. Notice shall be deemed to have been given upon deposit in the United States mail, postage prepaid, of a written notification of the change in interest rate, addressed to the Applicant at the address set forth in this Priority Reservation Agreement, or such other address as Applicant shall have given 7500 York Cooperative as Applicant's then current mailing address.

It is understood that when a Membership in the Cooperative becomes available to Applicant, and should Applicant then elect to become a Member, Applicant will be required to meet all of the qualifications for membership then in effect before he/she will be approved as a Member. Further, Applicant acknowledges that Applicant will be required to execute Subscription and Occupancy Agreements in such form as shall then be in use at 7500 York Cooperative.

Deposit received by _____

7500 York Cooperative

Signature of Applicant

1st person

2nd person (if applicable)

I (we) meet or exceed income requirements for the units that have been chosen.

I (we) acknowledge that 7500 York Cooperative is a smoke-free, pet-free community.