



# Wait List Agreement

Property Name: Highleah Townhouses, Inc.

Current Date  Time

Desired Date of Occupancy

Amount of Deposit \$  Receipt #

Name of Applicant  Date of Birth

Name of Co-Applicant  Date of Birth

Address  City  State  Zip Code

Single  Married  Divorced  Separated

Daytime Phone  Ext  Evening Phone

E-mail Address

Others who will occupy unit

Name  Date of Birth  Relationship

Name  Date of Birth  Relationship

Name  Date of Birth  Relationship

Name  Date of Birth  Relationship

Name  Date of Birth  Relationship

Total Household Income

Unit Selection  1st  2nd  3rd

The depositor hereby acknowledges that upon formal application for a cooperative membership, \$  of the deposit will be a non-refundable credit report fee.

Applicant's Signature \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Cooperative Representative \_\_\_\_\_