



Highleah Townhouses, Inc.

Wait List Agreement

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 _____

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 Date

Co-Applicant's Signature Date

Cooperative Representative Date