

Apartment Reservation

Date _____ Resident Name _____

Projected Move-In Date _____ Requested Apt # _____

Reservation Fee \$ _____ Received On _____

Resident Address: _____

Phone: _____

Email: _____

Family Contact/Representative: _____

Address: _____

Phone: _____ Home

_____ Work

By reserving an apartment with a \$500 hold fee listed above, Resident agrees to move to this Community within 30 days of completion of building. If Resident is unable to move within 30 days of completion of the building, Resident will lose the apartment chosen and move to the bottom of the waiting list. I, the undersigned, understand that the apartment reservation fee does not guarantee move-in, and that an apartment residency application will be completed and reviewed for suitability by representatives of Prairie Ridge prior to signing a lease. This fee is non-refundable unless Prairie Ridge is not built.

Resident or Family Representative

Date

Prairie Ridge Representative

Date

Please sign and date form, then mail the form and a check for the reservation fee to Prairie Ridge of Galena at: P.O. Box 6425, Galena, IL 61036.

Referred By: _____

A copy of the signed agreement will be returned to you.

Senior Housing Management, Inc.®

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