

**RESERVATION AGREEMENT**  
**MICHIGAN SHORES COOPERATIVE**  
**641 MICHIGAN AVE., FRANKFORT, MICHIGAN 49635**  
**TEL # (231) 352-7217 Web site : [www.michiganshores.net](http://www.michiganshores.net)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I. DESCRIPTION- PARTICIPATION IS PLANNED TO INCLUDE.

- A. MEMBERSHIP IN THE MICHIGAN SHORES COOPERATIVE.
- B. RIGHTS TO EXCLUSIVE OCCUPANCY OF A ONE-OR-TWO BEDROOM APARTMENT IN THE COOPERATIVE.
- C. FULL USE OF ALL COMMON AREAS AND ACTIVITIES.
- D. 24-HOUR MONITORING OF EMERGENCY CALL AND FIRE SYSTEMS.
- E. MINI-BUS TRANSPORTATION.

**It is highly recommended that applicants be able to fulfill the income eligibility requirement, as determined by the Board of Directors and the Cooperative Service Director. The general guideline utilized is that the Cooperative's monthly carrying charges should not exceed 25% of the applicant's gross income. This will allow for any inflation of the monthly carrying charges which are subject to annual increases**

III. THE RESERVATION AGREEMENT:

I (we) hereby deposit \$500.00 on \_\_\_\_\_, \_\_\_\_\_, to assure priority for apartment selection and membership application in the Michigan Shores Cooperative. I do so understanding this constitutes assurance of priority consideration only, and is not an agreement on my part to complete all membership requirements. If I do not wish to retain this reservation priority, my deposit is fully refundable upon written request, and my priority is voided. **Michigan Shores does not discriminate against any persons because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin. We do business in accordance with the Federal Fair Housing Law.**

Received by:

Signed:

\_\_\_\_\_

\_\_\_\_\_

Date

Next of Kin : Name & Relationship to you :

Address :

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: MICHIGAN SHORES ESCROW ACCOUNT**