

Apartment Reservation Agreement

The Management acknowledges receipt of the sum of \$ _____ as a deposit on this, the _____ day of _____, 20__ as a deposit for holding a _____ Bedroom apartment at: The Buffs Apartment Homes
 Rent Amount: \$ _____ A balance of \$ _____ is due upon lease signing.

As consideration for the sum paid, the Management shall hold the apartment for **THREE (3)** days after the above stated date. **It is the Depositor's obligation to return all necessary papers within THREE (3) business days so that they may be approved before a lease can be signed. If the paperwork is not received in the allotted time, all money paid will be forfeited.**

In the event the Depositor is denied, the deposit shall be returned to the Depositor. **If denied, it may take up to THIRTY (30) days for a refund to be issued.** The \$30 application fee is non-refundable in any event.

If after **FIVE (5)** working days, the Depositor (s) refuses to sign the lease agreement, all money paid will be forfeited. The amount paid will be **FORFEITED** as Management's liquidated damages.

In the event the Lease Agreement is signed and the Lessee refuses to take occupancy, per the Lease Agreement, the deposit and all rents paid shall be **FORFEITED**. In addition, Lessee shall be responsible for all lost rent as a result of the Lessee's refusal to take occupancy.

If parties occupy the premises within **THREE (3)** days after leaving the deposit, the "Three Day Right of Recession" does not apply.

All parties acknowledge that this agreement is not a lease and neither party has lease rights or lease obligations hereunder.

The lease may NOT be signed until the entire deposit is paid. *Referred by Current FMI Resident?* Yes _____ No _____

Management: _____

EXP. Date: _____ @ 5:00

Print Mgmt Name: _____

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Thurs	Fri	Sat	Mon	Tues	Wed	Wed

Depositor(s):

Depositor(s):

Signature _____ Phone Number(s) _____

Signature _____ Phone Number(s) _____

Print Name _____

Print Name _____

Signature _____ Phone Number(s) _____

Signature _____ Phone Number(s) _____

Print Name _____

Print Name _____

For Office Use Only

Depositor Name	Ck Date	Ck #	Ck Amt
----------------	---------	------	--------

Names	Move In Date	Apps IN	Co-Sign's IN	Apps OK	Lease Signed	Deposit Paid	Lease Signed	Unit #
-------	--------------	---------	--------------	---------	--------------	--------------	--------------	--------

Cancel Date: _____ Agent who took call: _____

Cancelled By: _____ Reason: _____