GRACEWIN
COOPERATIVE
BEMIDJI

RESERVATION AGREEMENT

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____

I/we hereby make a deposit (as indicated in the Options below) to be placed on the priority list, based on the date of receipt, for the selection of a cooperative unit and membership in **Gracewin Cooperative of Bemidji**. This amount will be applied to the required share payment at the time of purchase. I/we understand and agree that in the event I/we are not ready to purchase shares at the time that our priority number is called, I/we will have an option to keep the priority reservation in place while allowing others to select a home before me, until I/we notify the Cooperative that I/we are ready to purchase a share. In the event all available shares are sold out, I/we will then be placed on the Gracewin Cooperative waiting list. The Cooperative and the seller of shares makes no representation or guarantee that a particular unit will be available under Option 1 below.

Please select from the following options:

☐ **Option 1 – Priority Reservation ($500 Deposit).** I/we hereby deposit $500.00 to receive a priority reservation number, based on the date of receipt, for future use toward the selection of a cooperative unit and membership in Gracewin Cooperative of Bemidji. This option does not secure a specific unit, but reserves my/our position on the priority list. The deposit will be applied toward the required share payment at the time of purchase.

☐ **Option 2 – Unit Reservation ($1,500 Deposit).** I/we hereby deposit $1,500.00 to receive a priority reservation number and reserve a specific cooperative unit in Gracewin Cooperative of Bemidji, subject to final membership approval, completion of the cooperative development, and approval of the share purchasers. This deposit will secure the selected unit listed below and will be applied toward the required share payment at the time of purchase. **I/we have selected Unit ____.**

This is not an agreement to complete further membership requirements, and I/we understand that further qualifications will be required before shareholder membership is fully approved. This reservation agreement can be cancelled by either party in writing, upon which the deposit will be fully refunded and priority reservation will be relinquished.

Signature _____ Date _____

Signature _____ Date _____

MAKE CHECKS PAYABLE TO:

Gracewin Development
PO Box 1918, Fargo, ND 58107

HAVE QUESTIONS?

Nate Anderson, Director of Operations
nate@gracewinliving.com | (218) 755-7633

OFFICE USE ONLY
Reservation # _____
Date Received _____
Received by _____
Check # _____