

1101 THIRD STREET SW  
OELWEIN, IOWA 50662



ARLINGTONPLACELIVING.COM  
PHONE: 319-283-3334

## Townhome Reservation Form

Date: \_\_\_\_\_ Resident name: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Apartment: \_\_\_\_\_

Reservation Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_

Resident address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family contact/Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_

Work phone: \_\_\_\_\_

By reserving townhome # \_\_\_\_\_ with the non-refundable\* hold fee, resident agrees to move to Arlington Place within 30 days of opening, or to begin paying a monthly fee for the apartment. I, the undersigned, understand that the apartment reservation fee does not guarantee move-in, and that the application must be approved and a Comprehensive Assessment will be performed by the Health Care Coordinator prior to move-in. At this time, an Individualized Service Plan (ISP) can be completed to determine monthly fees. After the Comprehensive Assessment and Individualized Service Plan are completed, the undersigned has the option to withdraw the reservation within three (3) business days. After the Comprehensive Assessment and ISP have been completed, the hold fee will be applied to the first month's rent.

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Resident/Family representative signature

Date

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Community representative

Date

\*Hold fee may be refunded should the townhome project not be completed.