ARROWHEAD
APARTMENTS & TOWNHOMES

3005 S. 33rd St. #5
La Crosse, WI 54601

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Rental Reservation Agreement
for
Arrowhead Village and Townhouses, LLC

In consideration of a reservation deposit paid in the amount of $100, the undersigned Depositor requests reservation of apartment # _____ at _____, La Crosse, Wisconsin in anticipation of signing a lease for the apartment beginning on the following date: _____-_____-_____. **NOTE:** This Rental Reservation Agreement must be submitted with completed applications and fees by all persons seeking tenancy through this Rental Reservation Agreement.

Arrowhead Village and Townhouses, LLC, agrees to hold this apartment in reservation status as follows:

- In order to maintain the reservation status for the selected apartment, Depositor must submit all information requested by Arrowhead no later than 5:00 p.m. on the fifth business day after the request is made. This includes all co-signer applications, fees and information if necessary.
- If the Depositor does not submit all requested information in five business days, the reservation deposit is forfeited and the selected apartment will no longer be held in reservation status.
- If the application is approved and a lease is signed, the reservation deposit will be applied to the Depositor's first month's rent.
- If the completed application is not approved by Arrowhead Village and Townhouses, LLC, the reservation deposit will be refunded in full by Arrowhead. Arrowhead will mail a check to the Depositor within 24 hours after the non-approval determination.
- If the Depositor's application is approved, and the Depositor does not sign into a lease agreement by the designated move-in date, the reservation deposit is forfeited and the selected apartment will no longer be held in reservation status.
- Until such time as the application is approved, the Depositor should not assume occupancy is guaranteed.

Dated this _____ day of _____, 20_____.

We hereby agree to the terms stated above.

_____   _____
Depositor Signature   Arrowhead Representative

_____
Depositor Printed Name

_____
Depositor Address   City   State   ZIP Code

(_____)_____-_____   (_____)_____-_____
Depositor Phone   Depositor Phone (other)