**Reservation Agreement**

This is a Reservation Agreement between **NPV Operator LLC d/b/a New Pond Village** (the “Community” or “we” or “us”) and **Insert Inquiry Name** (“you”) to reserve a suite at the Community.

1. Please indicate whether you wish to reserve a specific suite or accept any suite that becomes available in the near future by checking one of the following:

[ ]  I wish to reserve a suite #: \_\_\_\_ and I have provided the following Assisted Living Coordination Fee: $0.00

 or

 [ ]  I want to be informed of the next suite type that becomes available and I have provided a deposit in the amount of: $0.00

1. If you provided us with a deposit, and then move in, your deposit amount will be applied toward your Assisted Living Coordination Fee.
2. We will notify you as soon as your suite is available. Once notified, you and we will enter into a Residency Agreement.
3. At the time you sign the Residency Agreement, you will be required to pay the First Month’s Daily Fees and an Assisted Living Coordination Fee (if you have not already done so). Please refer to Section IV of the Residency Agreement for a full description of these fees.
4. If you choose not to sign the Residency Agreement and not pay the applicable amounts as described above, this Reservation Agreement will end, and we will have no further obligation to hold your reservation.
5. This Reservation Agreement does not guarantee you the right to occupy a suite at the Community, please refer to the Residency Agreement for full details on Residency requirements.
6. You may terminate this Reservation Agreement and receive a full refund of the monies placed for the Reservation, at any time prior to execution of a Residency Agreement.
7. In the event that you do not qualify for residence in the Community, this Reservation Agreement shall terminate and you shall receive a full refund of monies placed for the Reservation.

Please sign below. We will retain one copy and one copy will be given to you.

**SIGNATURE OF RESIDENT** or **RESIDENT’S LEGAL REPRESENTATIVE[[1]](#footnote-1)**

**Name:** Insert Name Date**:** Enter Date

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Or

**Electronic Signature:** Click here to enter text.

[ ]  (check if applicable) *I have agreed to sign this form by electronic means. I understand and intend that my electronic signature have the same legal effect*

1. The Legal Representative is a person authorized by the Resident and/or applicable law to make health care and contract decisions on the Resident’s behalf in connection with his or her residency at the Community. The Resident must have a Legal Representative if the Resident does not wish to, or is not capable of making, health care or contracting decisions on his or her own behalf. [↑](#footnote-ref-1)