



PRIORITY WAIT LIST PROGRAM AGREEMENT

This Agreement (“Agreement”) is made as of _____, 20__, by and between Middleton Glen, a Wisconsin nonprofit corporation, (“Provider”), and _____ (“you”). (If more than one applicant enters into this Agreement, the term “you” shall refer to both persons.)

RECITALS

1. Provider is Middleton Glen (the “Community”), continuing care retirement community located at 6720 Century Avenue Middleton, WI, 53562 that provides residency to persons 55 years old or older.
2. You are interested in obtaining detailed information about the Community, receiving first notices when residences become available, receiving priority in the selection of a residence at the Community, and establishing your eligibility for exclusive, money-saving Charter Resident Benefits and have completed the contact information sheet.
3. Provider wishes to grant you detailed information about the Community, give you first notices when residences become available, give you priority in selecting a residence at the Community, and permit you to establish your eligibility for Charter Resident Benefits under the terms of this Agreement.
4. In exchange for the above benefits, you pay a Priority Fee, which is fully refundable to you.

Indicate below which floor plans you are most interested in:

Description	Floor Plan Name	Preference Details
1 Bedroom, 1 Bathroom	Apple (600 sq. ft.)	
1 Bedroom, 1 Bathroom	Hickory (703 sq. ft.)	
1 Bedroom, 1 Bathroom	Cherry (815 sq. ft.)	
1 Bedroom, 1 Bathroom	White Ash (845 sq. ft.)	
1 Bedroom, 1 Bathroom	Maple (927 sq. ft.)	
1 or 2 Bedroom, 1 Bathroom	Ash (938 sq. ft.)	
2 Bedroom, 2 Bathroom	Linden (1,096 sq. ft.)	
2 Bedroom, 2 Bathroom	Hawthorn (1,247 sq. ft.)	
2 Bedroom, 2 Bathroom	Sycamore (1,328 sq. ft.)	
2 Bedroom, 2 Bathroom	Nor Oak (1,428 sq. ft.)	
2 Bedroom, 2 Bathroom	Spruce (1,534 sq. ft.)	
2 Bedroom, 2 Bathroom	Oak (1,542 sq. ft.)	
2 Bedroom, 2 Bathroom	White Spruce (1,585 sq. ft.)	

IT IS THEREFORE AGREED:

AGREEMENTS

1. Refundable Priority Fee. You shall pay a Priority Fee in the amount of Five Hundred Dollars (\$500) payable to "Middleton Glen". The Priority Fee is fully refundable at anytime with written request. This Priority Fee shall be deposited in an established account at M&I Bank within seven (7) days after receipt by the Provider.
2. Priority Notice. In consideration of being placed on the Provider's Wait List and payment of a fully refundable Five Hundred Dollar (\$500) Priority Fee, the Provider will contact you with First Notice when floor plans you're interested in are coming available. Only the parties who sign a Priority Wait List Agreement are pay a \$500 Priority Fee will be eligible for inclusion in the Priority Notices.
3. Priority Order. If you are interested in a residence after receiving a Priority Notice, your obligation to obtain Priority Order consists of you contacting the Provider immediately to express interest. Priority Order is awarded on a "first come, first serve" basis and rewards you with the opportunity to have the first right of refusal if the residence has other interest before you've made your decision about it.
4. Termination of Agreement. You may terminate this Agreement at any time for any reason by notifying the Provider in writing. Provider may also terminate this Agreement at any time for good and sufficient cause.
5. Refund of Priority Fee. You will receive a full refund of your Priority Fee within thirty (30) days of the termination of this Agreement.
6. Personal Contract. Your rights under this Agreement are personal and are not transferable.

Addresses:

Middleton Glen
 6720 Century Avenue
 Middleton, WI 53562
 Attention: Marketing Director
 Phone: 608-836-7998 x222
 Email: sschumann@retirement.org

Your Address

Phone: _____

Email: _____

Date of Birth: ____/____/19____

Either party may change its address for receiving notices by giving the other party written notice.

The parties have entered into this Agreement as of the date first written above.

PROVIDER:

Middleton Glen, an Wisconsin nonprofit corporation:

By: _____

Printed Name: _____

Title: _____

Date: _____

APPLICANT(S):

By: _____

Printed Name: _____

Date: _____

By: _____

Printed Name: _____

Date: _____

* * * * *

Provider acknowledges receipt on _____, 20____ of a \$500.00 Priority Fee paid by:

(check all applicable boxes)

Bank Cashier's Check _____ (Check number)

Personal Check _____ (Check number)

Cash

Checks payable to "Middleton Glen"

