

Approved	Y	N
By:		
Date:		

Apartment Waitlist Reservation Form

Today's Date:	Leasing F	Leasing Representative:	
1. Apartment Information Move-in Date: Property Name: Property Address: # Bedrooms: Studio 1 2 3 Requested Floorplans /Features I 1 I 2 I 3 I	Ranked Lease Start D _1	[Refundable or applied to Move in Funds] b. Application Process. Fee [\$75 per applicant – non refundable] c. Wait List Fee [\$100 per unit – non refundable] TOTAL	
Applicant Information Applicant Name 1	Phone Number	Email Address	
3	only]		
Applicant(s) represented by Broker Name & Company Name	Phone Number	Email Address	
Initials:	N Amount/Percent.	Newbury Assoc. Staff	
we have reviewed the above inform the terms and conditions listed on	nation for accuracy and the reverse side of this i	, both jointly and severally acknowledge that I/furthermore have read, understood, and agree to form. I/We acknowledge that failure to adhere to deposit and/or failure to secure an apartment	
Applicant #1 Signature:			
Broker Signature:			