



THE RESIDENCES AT SNOW PLACE

1205 CENTRE STREET
WEST ROXBURY, MA 02132

617-325-7900

RESERVATION AND DEPOSIT AGREEMENT

I, _____ of _____, today placed a deposit of One Thousand Dollars (\$1,000) with Sophia Snow Independent Living, Inc. for the purpose of securing a Reservation Priority Number for occupancy rights in an apartment in the Residences at Snow Place, an independent living facility that is operated by Sophia Snow Independent Living, Inc. on Centre Street in West Roxbury. I have also received copies of the Purchase Agreement and the Residency and Membership Agreement for my review.

I understand that:

1. By this deposit, the Reservation Priority Number at the bottom of this Agreement has been issued solely to me and is not transferable. This Reservation Priority Number determines the order in which eligible households will be invited to put down a firm deposit and move forward toward purchasing a membership each time an apartment becomes available, except for apartments that are designated handicapped accessible.

When a handicapped accessible unit becomes available, such a unit shall first be offered to a depositor who has identified a need for a handicapped accessible unit due to disability.

2. This deposit is fully refundable if I give written notice to Sophia Snow Independent Living, Inc. sent by certified mail, return receipt requested, or delivered in person, that I surrender my Reservation Priority Number and release Sophia Snow Independent Living, Inc. from any obligation to me. No reason need be given for my decision.

3. In order to make a firm reservation of a specific apartment, I must first sign and complete a residency application and also sign a Purchase Agreement, which requires payment of an additional deposit of \$9,000.
4. Before signing the Purchase Agreement I will fully and truthfully complete an Application for Residency. If verification of this application by Sophia Snow Independent Living determines that I am ineligible for occupancy in The Residences at Snow Place, I will be informed in writing of the reason(s) for my ineligibility, my deposit will be returned to me forthwith, and I will surrender my Reservation Priority Number and release Sophia Snow Independent Living from any obligation to me.
5. Both deposits shall be fully applicable to the Construction Fee I will be required to pay for an apartment in the Residences at Snow Place pursuant to the terms of the Purchase Agreement. The exact amount of the Purchase Fee will depend upon which apartment I select.
6. My deposit(s) will not bear interest.
7. I must meet any residency requirements that may be in force, including the ability to live independently, at the time of signing a Residency and Membership Agreement for an apartment in the Residences at Snow Place.

This Agreement, the Purchase Agreement and the Residency and Membership Agreement, when signed by both parties, create legal rights and obligations and, therefore, I understand that it is advisable that these agreements be reviewed by my attorney and/or personal financial advisor.

SIGNED: _____

This deposit was received on behalf of Sophia Snow Independent Living, Inc. this ____ day of _____, 20__ by _____, _____ of Sophia Snow Independent Living, Inc.

SIGNED: _____

RESERVATION PRIORITY NUMBER: _____