



15 Oland Crescent
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ENROLLMENT NO.

UNIT ENROLLMENT FORM

MEMBER DETAILS

| | |
|----------------|-------------|
| MEMBER NAME | MEMBER NO. |
| MEMBER ADDRESS | POSTAL CODE |

UNIT DETAILS PRE-SOLD SPEC

Civic #: _____ Lot #: _____ Street: _____

City: _____ Province: _____

ANTICIPATED START DATE: (MM/DD/YY) _____ | PLEASE ATTACH LOCATION MAP IF NECESSARY

| DETAILS OF CONSTRUCTION | STAGE | STYLE | |
|-------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> ON SITE | <input type="radio"/> NOT STARTED | <input type="radio"/> BUNGALOW | <input type="radio"/> TWO STOREY |
| <input type="radio"/> MODULAR | <input type="radio"/> PRE BACKFILL | <input type="radio"/> SPLIT | <input type="radio"/> MINI |
| <input type="radio"/> OTHER | <input type="radio"/> PRE DRYWALL | <input type="radio"/> 1 ½ STOREY | <input type="radio"/> OTHER |

| | | |
|--|--|---|
| <input type="radio"/> FOOTINGS ON UNDISTURBED SOIL | <input type="radio"/> EXTERIOR BASEMENT ENTRANCE | <input type="radio"/> ATTACHED PATIO DECK |
| <input type="radio"/> FOOTINGS ON COMPACTED FILL- engineer report & site validation form required | | <input type="radio"/> ATTACHED GARAGE |

UNITS SUBJECT TO MONITORING INSPECTION. **ENROLL UNITS BEFORE BACKFILL STAGE**
 AS PER "BUILDER AGREEMENT" OR SUBJECT TO LATE CHARGES AS FOLLOWS:

| | |
|-----------|----------|
| FIRST | \$ 50.00 |
| SECOND | \$250.00 |
| REMAINDER | \$500.00 |

WITHIN CALENDAR YEAR

- SINGLE UNIT -REGULAR MEMBER (R) - **\$477.25**
- PROBATIONARY MEMBER (PB) - **\$644.00**
- SEMI-DETACHED/DUPLEX..... - SAME AS SINGLE – PER UNIT
- ROW/TOWNHOUSE..... - SAME AS SINGLE – PER UNIT
- SENIOR CITIZENS..... - ASSESSED ON PROJECT
- CONDO..... - ASSESSED ON PROJECT
- SINGLE SECTION..... - **\$333.50**
 (non-permanent foundations)
- EXTEND WARRANTY** from 7 to 10 years(R)- **\$563.50**
(PB) - **\$730.25**
- SINGLE SECTION**.....**\$419.75**
 (non-permanent foundations)

NOTE: ALL PRICES INCLUDE APPLICABLE TAXES

MEMBER'S / REP. SIGNATURE _____

DATE _____