



**EXHIBIT A
ENROLLMENT FORM
(SINGLE-FAMILY)**

WARRANTY TERM INFORMATION

This Exhibit A, being part of the Service Agreement, dated _____ by and between ProHome and _____ enrolls the home located at:

Subdivision: _____ Address: _____
 Lot: _____ City: _____ State: _____ Zip Code: _____
 Home Selling Price: \$ _____ Total Square Footage: _____

The above-mentioned home is to be enrolled in the ProHome Post-Construction Management Program for a period of _____ months from _____ to _____.

Close of Escrow Date: _____ (Prorated if COE ≠ Warranty Start Date)

Directions to Home: _____

Gated Community Gate Code: _____

HOMEOWNER INFORMATION

Homeowner 1:

Last Name: _____
 First Name: _____
 Phone: _____
 Email: _____

Homeowner 2:

Last Name: _____
 First Name: _____
 Phone: _____
 Email: _____

EMERGENCY SUBCONTRACTOR INFORMATION

Production Manager:	Plumbing Contractor:	Electrical Contractor:	HVAC Contractor:
Name: _____	Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____	Email: _____

SERVICE INFORMATION

Plan ID: _____ (PHI 16.5, Offering Plan)

Quality Inspection Punchlist Walkthrough.....Preferred Date/Time: _____
 Quality Inspection Verification Walkthrough.....Preferred Date/Time: _____
 Buyer Preclosing Walkthrough.....Preferred Date/Time: _____
 Buyer Verification Walkthrough.....Preferred Date/Time: _____
 Additional Walkthrough(s)

COMPENSATION

Home Selling Price: \$ _____
 Service Program: _____
 Enrollment Service Fee: \$ _____

 Subtotal: \$ _____

BALANCE DUE \$ _____

BUILDER AUTHORIZATION

 Name (please print) Title

 Signature Date