

## APPLICATION

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### SITE INFORMATION

Name of Apartment Community: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Apt. Community Phone #: \_\_\_\_\_ Apt. Community Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Property's Fully Qualified Occupancy date: \_\_\_\_\_

### RWC SPACE INFORMATION

How much space (sq. feet) is/will be dedicated to the RWC? \_\_\_\_\_

How many electrical outlets are/will be in this space? \_\_\_\_\_ Doors? \_\_\_\_\_ Windows? \_\_\_\_\_

Will you allow access to this center during non-supervised hours?  Yes  No

If yes, please describe how you will ensure the security of the equipment. \_\_\_\_\_

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### STATEMENT OF UNDERSTANDING & COMMITMENT

As the Owner or representative thereof, of the Project named in this Resident Wellness Center Application, I have read and understand the "Resident Wellness Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the RWC in my development.

\_\_\_\_\_  
*Signature of Owner Representative*

\_\_\_\_\_  
*Date*

As the Property/Site Manager of the Project named in this Resident Wellness Center Application, I have read and understand the "Resident Wellness Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the RWC in my development.

\_\_\_\_\_  
*Signature of Property/Site Manager*

\_\_\_\_\_  
*Date*

For office use only:  
Net Equity Contribution: \_\_\_\_\_

## ORDER FORM

### SITE INFORMATION

Name of Apartment Community: \_\_\_\_\_

Delivery Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

*Please do not exceed the maximum allowable amount of \$3,500 or \$5,500. Indicate your order request for an Indoor or Outdoor Resident Wellness Center below:*

### INDOOR RESIDENT WELLNESS CENTER

Below is a list of standard equipment for an indoor RWC. You may view the equipment at [cahec.prosourcefitness.com](http://cahec.prosourcefitness.com).

<i>Quantity</i>	<i>PRICE</i>	<i>ITEM</i>
_____	\$2134	Treadmill
_____	\$2134	Elliptical Trainer
_____	\$1385	Recumbent Bike
_____	\$209	Two-tier Horizontal Dumbbell Rack
_____	\$322	Dumbbells (set includes 11 weights 3-40lb)
_____	\$87	Dumbbells (set includes 7 weights 1-12lb)
_____	\$298	Neoprene Dumbbells (set includes 11 weights 1-12lb and rack)
_____	\$160	Flat Bench
_____	\$43	Exercise/Stretch Folding Mat
_____	\$105	Exercise Stretch Cords (set of 12)
_____	\$13	Fitness Charts (laminated)
<i>Total</i>	_____	

*Indicate your choice(s) for Fitness Charts below:*

Name of Fitness Chart \_\_\_\_\_  
 Name of Fitness Chart \_\_\_\_\_  
 Name of Fitness Chart \_\_\_\_\_  
 Name of Fitness Chart \_\_\_\_\_

\_\_\_\_\_ Television with Wall Mount

### OUTDOOR RESIDENT WELLNESS CENTER

While our preferred equipment provider is Flaghouse, please feel free to use other retailers. Call 1.800.793.7900 to order a Flaghouse catalog or visit [www.flaghouse.com](http://www.flaghouse.com) to view your outdoor equipment options. *Attach a separate page if necessary.*

<i>Quantity</i>	<i>Price</i>	<i>Item Description</i>	<i>Item Number</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For office use only:  
 Net Equity Contribution: \_\_\_\_\_