Karringtyn Crossing Owners Association, Inc.

Breakdown of Dues Paid

The information provided below is not meant to cover all aspects of the Karringtyn Crossing Covenants, but the Board has provided below a summary of what benefits Karringtyn Crossing homeowners receive from paying HOA dues. The Karringtyn Crossing Board of Directors encourages you to read the Covenants thoroughly and become active in the association by participating in annual meetings and serving on boards. If you have any further questions about the covenants, consult your attorney, the Property Management Company or Karringtyn Crossing Board members. It is the responsibility of the Karringtyn Crossing Board of Directors to establish a budget to cover the expenses of the association and prioritize/approve how dues are spent on the behalf of the HOA and its members.

Dues: $75
Draft: 5th Day of the Month
Late: 11th Day of the Month
Late Fee: $10

The $66 you pay in dues at Karringtyn Crossing currently pay for the following benefits/expenses of the association:

1. Annual Termite Inspections.
2. Pest control when requested by homeowner.
3. Exterior lawn maintenance of areas outside patio (e.g. front lawn, sidewalk, parking lots and entrance). This includes replacement of pine straw and dead or missing bushes.
4. Pressure washing of building exteriors to remove mildew and dirt.
5. Professional management of the association and property by a local property management group.
6. Dumpster supply and maintenance.
7. Parking lot lighting.
8. General liability insurance for the common areas and Board of Directors.
9. Exterior replacement/repair of parking lots, sidewalks, siding, fences, and shingles as needed. Damage to these building components as a result of wind, water, vandalism or fire is not covered by the HOA. Your hazard insurance carrier (e.g. homeowner policy) would cover these types of damage.

HOA manager is Tonya Rosado
All concerns should be emailed to tonyar@russellpm.com or you may call 252.329.7368.

Karringtyn Crossing Owners Association, Inc.
Homeowner vs. Association Responsibilities

O-OWNER A-ASSOCIATION

PATIO	
Concrete	O
Fence/Gate	A
Landscaping	O
GUTTERS	
All Gutters	O (Unless they were installed by the HOA on all units)
ROOF	
Leaks	A
Shingle (repairs) required due to leaks	A
Shingles (replace) due to normal wear	A
WINDOWS	
Replace	O
Repair	O
Seals	O
Shutters	A
Screens	O
Leaks	O
DOORS (Exterior)	
Replace	O
Repair	O
Paint	A (when completed property wide)
MISCELLANEOUS	
Ceiling Repairs	O
Light Fixtures and Bulbs (outside)	O
Painting (outside)	A
Pest Control	A
Plumbing Hose Bibbs	O
Siding	A
Termites (Inspection Only)	A
Termites (Damage)	O
External Wood Rot	A
Electrical (outside)	O
Door Bell Buttons	O

Notes:

1. Storm doors and entrance doors must be approved by the association prior to installation.
2. Maintenance responsibilities of CC HOA do not include damage to homes as a result of Fire, Wind, Water or Vandalism. Damage as a result of these causes would be the responsibility of EACH homeowner and/or their insurance carrier.
3. Interior damage to homes as a result of water leaks are the responsibility of each homeowner.
4. Please reference Cross Creek Covenants and Bylaws for more information.

Karringtyn Crossing Homeowners Association
106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Homeowners Association Information Sheet

Property Address: _____

Homeowner's Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

_____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

It is very important that we receive this information from you for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the **HOA Office** at Russell Property Management and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

PLEASE EMAIL, MAIL, OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

Karringtyn Crossing Homeowners Association

106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Tenant Information Sheet

If you rent your unit, please complete the following information about your tenant(s).

Today's Date:_____ Unit #: _____

Homeowner's Name & Mailing Address: _____

_____

_____

Phone #'s: _____

IS THIS AN INVESTMENT PROPERTY OR DOES FAMILY MEMBER RESIDE IN THIS UNIT?
Circle correct answer.

Tenant Name(s): 1._____Phone: _____
2._____Phone: _____
3._____4. _____

Tenant Vehicle Information:

Vehicle #1 Make: _____ Model: _____
Tag #: _____ Color: _____

Vehicle #2 Make: _____ Model: _____
Tag #: _____ Color: _____

Do you have a pet? Yes or No

Please make sure to give <u>all tenants</u> a copy of the Association by-laws and rules/regulations. Should the tenant fail to abide by said documents, the individual <u>homeowner</u> will be held responsible.

_____ _____
Signature of Homeowners Date

Russell Property Management, Inc.
106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

_____
Home Address City State Zip

_____
Draft Payable to (HOA name)

_____ _____
Day of Month for Draft Amount to be Drafted

Draft Frequency (circle one) ☐ Monthly ☐ Quarterly ☐ Annual

Contact Phone Number _____

Email Address _____

Please note:

* If HOA dues are increased, your draft will automatically be increased
** HOA dues will be drafted approximately 5 days before your associations late day.
*** The HOA will draft the account balance.
**** Drafts will NOT draft for special assessments (if applicable).
***** There is a 3.0% fee per draft for this service.

Account Holder Name: _____

_____
Card Billing Address City State Zip

Account #: _____

Expiration Date: _____ Security Code: _____

_____ _____
Signature Date

Russell Property Management, Inc.
106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

_____
Home Address City State Zip

_____
(Mailing Address for unit (If different than address above) City State Zip

_____
Draft Payable to (HOA name)

_____ _____
Day of Month for Draft Amount to be Drafted

Draft Frequency (circle one) ☐ Monthly ☐ Quarterly ☐ Annual

Contact Phone Number _____

Email Address _____

Please note:

* If HOA dues are increased, your draft will automatically be increased
** HOA dues will be drafted approximately 5 days before your associations late day.
*** The HOA will draft the account balance.
**** Bank Drafts will NOT draft for special assessments (if applicable).
***** There is a $1 fee per draft for this service.

Bank Name: _____
Account Holder Name: _____
Routing #: _____
Account #: _____
Account Type: ☐ Checking ☐ Savings

_____ _____
Signature Date

ATTACH VOIDED COPY OF CHECK HERE