

# ***Karrington Crossing Owners Association, Inc.***

## **Breakdown of Dues Paid**

The information provided below is not meant to cover all aspects of the Karrington Crossing Covenants, but the Board has provided below a summary of what benefits Karrington Crossing homeowners receive from paying HOA dues. The Karrington 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 Karrington Crossing Board members. It is the responsibility of the Karrington 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: 5<sup>th</sup> Day of the Month

Late: 11<sup>th</sup> Day of the Month

Late Fee: \$10

The \$66 you pay in dues at Karrington 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](mailto: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	A
	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
	MISCELLANEOUS
Ceiling Leaks	O
Light Fixtures and Bulbs (outside)	A
Painting (outside)	A
Pest Control	A
Plumbing Hose Bibbs	O
Siding	A
Termites (Inspection Only)	A
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 KC 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 Karringtyn Crossing Covenants and Bylaws for more information.

***Karrington 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!**

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**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 all tenants a copy of the Association by-laws and rules/regulations. Should the tenant fail to abide by said documents, the individual homeowner will be held responsible.**

\_\_\_\_\_  
Signature of Homeowners

\_\_\_\_\_  
Date

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**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 \_\_\_\_\_

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  
**ATTACH VOIDED COPY OF CHECK HERE**

\_\_\_\_\_  
Date

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Greenville, NC 27834

## Credit/Debit Card      Draft Authorization

I,                     , hereby authorize Russell Property Management to draft my HOA dues for the street address

Home Address

City

State

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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 \_\_\_\_\_

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

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Zip

**Account #:**

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_