Autumn Lakes Homeowners Association, Inc.

106 Regency Blvd. Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$925.00 per year

The HOA dues assessment is typically assessed on the first day of the fiscal year. The current dues assessment is \$925 a year per lot.

Assessment Date: January 1, 2025

Dues Cover: General Liability Insurance

Common Area Maintenance Common Area Landscaping

Signage Lighting

Privately Owned Streetlights

Privately Owned Streets/Sidewalks

Foot Bridge

Dock Pavilion

Entrance and Signage Management Fees

HOA manager is Tonya Rosado All concerns and maintenance requests should be emailed to <u>tonyar@russellpm.com</u> or you may call 252.329.7368.

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Homeowners Association Information Sheet

Property Address:	
Homeowners Name:	
Spouse or Co-Owner's Nam	e:
Owner's Mailing Address: _	
-	
Telephone:	(Home)
	(Work)
	(Cell)
Primary Email Address:	
Secondary 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 return it via postal mail.

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

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Bank Draft Authorization

Ι,	, hereby, authorize Russell Property				
Management to draft my	HOA dues for the str	eet address			
Home Address		City	State	Zip	
(Mailing Address for unit	(If different than add	dress above)	City State	Zip	
	Draft Payable	to (HOA name)			
Day of Month for Dr	raft	Amount to be Drafted			
Draft Frequency (circle o	ne)Monthly_	Quarterl	yAnnu	al	
Contact Phone Number _					
** HOA dues wil *** The HOA will	re increased, your dra l be drafted approxim draft the account bal ill NOT draft for spec see per draft for this so	nately 5 days befance. Sial assessments	ore your associa		
Bank Name:					
Account Holder Name:					
Routing #:					
Account #: Account Type:					
Account Type:	Checking_	Sa	vings		
S	ionature		Da	nte	

ATTACH VOIDED COPY OF CHECK HERE

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Credit/Debit Card Draft Authorization

I,	, hereby,	, hereby, authorize Russell Property			
Management to draft my HOA dues	s for the street address				
Home Address	City	State	Zip		
Drai	ft Payable to (HOA name)				
Day of Month for Draft		Amount to be Drafted			
Draft Frequency (circle one)	Quarter	lyAnn	nual Contact Phone		
Number					
Please note:					
** HOA dues will be drafted *** The HOA will draft the a	r special assessments (if apparents for this service.	fore your associ	ation's late day.		
Card Billing Address	City	State	Zip		
Account#:					
Expiration Date:	Security Code:				
Signature		Date			