Brookfield Homeowner's Association of Winterville, Inc.

106 Regency Blvd. Greenville, NC 27834 252 329 7368 Fax: 252 355 964

Phone: 252.329.7368 Fax: 252.355.9641 www.russellpm.com

HOA Information Sheet

A. Dues: \$255.00 per year, effective 1.1.2025

Dues Due: January 1st

Dues Late: If not received by February 1st

Dues Cover: Common Area Maintenance

Common Area Landscaping

Pond Management Signage Lighting Management Fees

HOA manager is Brittney Bruin
All concerns and maintenance requests should be emailed to brittney@russellpm.com
or you may call 252.329.7368 ext. 222

Brookfield Homeowners Association, Inc.

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Homeowners Association Information Sheet

Property Address:		
Homeowners 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!

Russell Property Management, Inc. 106 Regency Blvd

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

Draft Authorization

I,	, hereby authorize Russell Property				
Managemen	t to charge my monthly o	dues/rent to the following account:			
	(Address for unit)	(Mailing address, if different from Unit)			
		, , , , , , , , , , , , , , , , , , ,			
	Draft Payal	ble to (HOA name)			
Date of First	Draft				
Amount to b	e drafted each month	_			
** HOA du	dues are increased, you	ur draft will automatically be increased roximately 5 Days before the associatio			
ay. *** There i	s a \$1 fee per draft for	this service.			
Signature		Date			
Bank Name	::				
Account #:					

PLEASE ATTACH A VOIDED CHECK

Russell Property Management, Inc.

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Credit/Debit Card Draft Authorization

I,	, hereby authorize Russell Property							
Management to draft my HOA de	ues for the stree	et address						
Home Address		City	State	Zip				
Dı	raft Payable to (HOA name)						
Day of Month for Draft		Amount to be Dra	ıfted					
Draft Frequency (circle one)	Monthly _	Quarterly _	Aı	nnual				
Contact Phone Number								
Please note:								
* If HOA dues are increased, you ** HOA dues will be drafted app late day. *** The HOA will draft the acco **** Drafts will NOT draft for sp **** There is a 3.0% fee per draft	proximately 5 da ount balance. pecial assessme	ays before your asso						
Account Holder Name:								
Card Billing Address		City	State	Zip				
Credit/Debit Card #:								
Expiration Date:	_ Security Code	e:						
Signature		Date	Date					