

***Kinsey Creek Owner's Association, Inc.***

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

- A. Dues: \$60.00 per month  
Draft: 5<sup>th</sup> Day of the Month  
Late: 11<sup>th</sup> Day of the Month  
Late Fee: \$10  
Dues Include: General Liability Insurance  
Pest Control  
Termite Inspections  
Parking Lot/ Street Lighting  
Landscaping  
Exterior Building Maintenance (except glass surfaces and doors)  
Paving/ Sidewalks
- B. Pest Control: Eastline 252-633-1719
- C. Landscaping: US Lawns
- D. Termite Control: 1 annual inspection  
Eastline 252-633-1719
- E. Maintenance: Exterior Building Maintenance. NO interior work.  
No Doors, Windows or Skylights

HOA Manager: Tonya Rosado

All concerns and maintenance requests should be emailed to  
[tonyar@russellpm.com](mailto:tonyar@russellpm.com) or call 252.329.7368

**Kinsey Creek HOA**  
**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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I, \_\_\_\_\_, hereby authorize Russell Property Management to  
draft my HOA dues for the street address \_\_\_\_\_

ATTACH VOIDED COPY OF CHECK HERE

***Russell Property Management, Inc.***

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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 \_\_\_\_\_

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