

Kittrell Duplexes Homeowner's Association, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

Breakdown of Dues Paid

The Board of Directors has provided the below a summary of what benefits Kittrell Duplexes homeowners receive from paying HOA dues assessments. The Kittrell Duplexes Board of Directors encourages you to read the Covenants and Bylaws thoroughly. If you have any questions about the legal documents, consult your attorney, the property management company or Board members. It is the responsibility of the Kittrell Duplexes Board of Directors to establish a budget to cover the expenses of the Association and prioritize/approve how funds are spent on the behalf of the HOA and its members.

Assessment: \$25.00 per month

Due Date: 1st of the month

Draft Date: 5th of the month

Late Fee: greater amount - \$10.00 or .6667% of unpaid balance
applied on 11th of the month if balance is not paid in full prior

Dues Assessment Covers:

Association Management

Lawn mowing (outside of fenced-in areas)

HOA Manager: Tonya Rosado

tonyar@russellpm.com

252-329-7368 ext 222

Kittrell Duplexes HOA

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Homeowners Association Information Sheet

Property Address: _____

Homeowner's Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

*if different from property 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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Homeowners Association TENANT Information Sheet

Owner's Name and Mailing address: _____

Property Address: _____

Check the box to indicate if the property is ☐ used as an investment

or ☐ resided in by a family member

Property Manager: _____

Tenant's Name: _____

Tenant's Contact Information:

_____ (Home) _____ (Work)

_____ (Cell) _____ (Email)

Tenant's Name: _____

Tenant's Contact Information:

_____ (Home) _____ (Work)

_____ (Cell) _____ (Email)

Lease Term Dates: _____

If you have multiple tenants in one unit, please list information for all persons.

It is very important that we get this information for your benefit in case of an emergency. We ask that you update us each time a new tenant moves in. This is general information needed by your homeowners association and will be filed in your personal file in the homeowners association department of Russell Property Management. We suggest that any owner who rents their unit within Kittrell Duplexes attached the "Crime Free Lease Addendum" to the lease agreement with their tenant/s.

PLEASE MAIL OR EMAIL OR FAX TO US ASAP!

THANK YOU FOR YOUR TIME

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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 _____

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

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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