

***Langston Farms 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 Langston Farms homeowners receive from paying HOA dues assessments. The Langston Farms 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 Langston Farms 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.

**Dues:** \$250.00 per year (eft 1.1.25)

**Due Date:** 1<sup>st</sup> Day of the fiscal year (January 1)

**Late:** February 28<sup>th</sup>

**Late Fee:** \$5.00 per month

**Dues Cover:** Association Management by Professional Company  
Community Pool  
Entrance Landscaping/Maintenance  
General Liability and D&O Insurance Policies  
Street Lights

**HOA Manager: Tonya Rosado**  
tonyar@russellpm.com  
252-329-7368 ext 222

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**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: \_\_\_\_\_

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!**

# LANGSTON FARMS HOA

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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 Langston Farms 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 \_\_\_\_\_

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 \_\_\_\_\_

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

# Langston Farms Homeowners Associations

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## POOL AUTHORIZATION FORM

Property Owner(s) Name(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different than above):

\_\_\_\_\_

\_\_\_\_\_

Owner(s) Phone Number(s): \_\_\_\_\_

Owner(s) Email Address(s): \_\_\_\_\_

**Please provide a list of all current residents for this home.** Any current resident may be asked to provide proof of residency. These persons are the only ones authorized to use the pool card for access. All others will be considered a guest and must be accompanied by a resident.

| Name (first and last) | DOB (month and year) |
|-----------------------|----------------------|
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |
|                       |                      |

I hereby acknowledge: I have read and received the Langston Farms pool rules, I will ensure that all members of my household and guests have been informed of the pool rules, and understand the consequences of violating any of the rules. The lost key replacement fee is \$50.00 per card.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Pool Card # \_\_\_\_\_ Entered by \_\_\_\_\_