

Laurel Ridge Townhome Association, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$375/quarter

The HOA dues assessment is typically assessed on the first day of the fiscal year. The current dues assessment is \$375 per quarter per unit.

Assessment Date: January 1, April 1, July 1, October 1

Dues Cover: Building maintenance
Landscaping
Common area maintenance
Dumpsters
Parking Lot Maintenance
Management Fees

B. Capital Contribution: \$400

HOA manager is Tonya Rosado

All concerns and maintenance requests should be emailed to tonyar@russellpm.com or you may call 252.329.7368.

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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)

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!**

Russell Property Management, Inc.

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

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

Russell Property Management, Inc.

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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

