Russell Property Management

106 Regency Blvd Greenville, NC 27834

Phone: 252.329-7368/ Fax: 252.355.9641 www.russellpm.com

South Hall Owner's Association of Greenville, Inc. Board of Directors has contracted with Russell Property Management (RPM) to provide property management services. To welcome you to the RPM team you will find the following information in this packet:

- An introduction to our RPM team
- HOA Dues Breakdown
- Homeowner Information Sheet
- Explanation of Online Member Portal
- Tenant Information Sheet (if applicable)

The RPM Team

RPM is a locally owned company that manages Homeowner Associations and rental properties in Pitt and surrounding counties. RPM has been managing HOAs since 2007. We currently manage over 60 HOA's including single-family, duplex, townhome and condominium associations. These HOAs consist of over 5,500 homes. Rocky Russell, the president of RPM, is also a developer and has developed several single and multi-family developments in the Greenville area since 2002. He holds the following professional licenses:

- Licensed residential and commercial contractor and owner of Rocky Russell Builders, Inc.
- Licensed real estate agent and owner of Pitt County Real Estate Firm, Lever and Russell Real Estate, LLC
- N.C. Realtor and member of the Greenville-Pitt County Board of Realtors

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Breakdown of Dues Paid

The Board of Directors has provided below a summary of what benefits South Hall homeowners receive from paying HOA dues assessments. The South Hall 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 South Hall 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 Assessment: \$315.00

Due Date: 1st Day of the fiscal year (January 1)

Late: March 1st

Late Fee: 10% per annum

Dues Cover: Entrance Landscaping

General Liability and D&O Insurance Policy

Management Fees

HOA Manager: Freedom Edmundson

freedom@russellpm.com

252-329-7368

South Hall Homeowners Association 106 Regency Blvd.

Greenville, NC 27834 Phone: 252.329.7368 Fax: 252.355.9641 www.russellpm.com

Homeowners Association Information Sheet

roperty Address: wner's Name:	
pouse or Co-Owner's Name:	
ner's Mailing Address:	
ephone:	
	(Home)
	(Work)
	(Cell)
	(Other)
ail Address:	
use/Co-Owner Email Address:	

It is very important that we receive this information for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the HOA Manager's Office of Russell Property Management.

PLEASE MAIL OR FAX TO US ASAP! THANK YOU FOR YOUR TIME

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Bank Draft Authorization

Home Address	(City	State	Zip	
		,		1	
(Mailing Address for unit (I	f different than addres	s above) City	State	Zip	
	Draft Payable to (I	HOA name)			
Day of Month for Draft		Amou	Amount to be Drafted		
Draft Frequency (circle one)	Monthly	Quarterly	Annua	al	
Contact Phone Number					
Please note:					
** HOA dues will be *** The HOA will dr	increased, your draft we drafted approximately aft the account balance NOT draft for special per draft for this service.	y 5 days before ye. assessments (if a	your associa		
Bank Name:					
Account Holder Name:					
Routing #:					
	Checking			_	

ATTACH VOIDED COPY OF CHECK HERE

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Credit/Debit Card Draft Authorization

Ι,	ll Property M	Ianagement to		
draft my HOA dues for the street addr	ess			
Home Address	City	State	Zip	_
Draft l	Payable to (HOA name)			-
Day of Month for Draft		Amount to be D		
Draft Frequency (circle one)N	IonthlyQuarter	lyAnı	nual Contact	Phone Number _
* If HOA dues are increased, ** HOA dues will be drafted a *** The HOA will draft the acc **** Drafts will NOT draft for s **** There is a 3.0% fee per draft.	approximately 5 days be ount balance. pecial assessments (if approximately 5 days because of the proximately	fore your associ		ay.
Account Holder Name:				
Card Billing Address	City	State	Zip	_
Account #:				
Expiration Date:	_ Security Code: _			
Signature		Date		