South Ridge Homeowners Association of Winterville, 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 South Ridge homeowners receive from paying HOA dues assessments. The South Ridge 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 Ridge 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: \$133.00 per year (eft 1.1.25)

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

Late: February 14th

Late Fee: 18% per annum

Dues Pay For:

Annual meeting expenses

Association management by professional company

Lawn maintenance services for subdivision entrances only

Entrance sign lighting and maintenance

General Liability / Directors & Officers Insurance

General mailing charges including copies

HOA Manager: Tonya Rosado

tonyar@russellpm.com 252-329-7368 ext 208

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Homeowner 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!

Russell Property Management, Inc.

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Bank Draft Authorization

I,	, hereby authorize Russell					
Property Management to draf	t my HOA dues for the street	address				
Home Address	City	State	Zip			
(Mailing Address for unit (If o	different than address above)	City State	Zip			
	Draft Payable to (HOA nam	ne)				
Day of Month for Draft		Amount to be Dra	afted			
Draft Frequency (circle one)_	MonthlyQuar	terlyAnnua	al			
Contact Phone Number						
** HOA dues will be associations late da *** The HOA will draf	t the account balance. OT draft for special assessmen	before your	ed			
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 HO	A dues for the street a	ddress		
Home Address	City	State	Zip	
Draft F	Payable to (HOA name	2)		
Day of Month for Draft	Amount to be Drafted			
Draft Frequency (circle one)M	IonthlyQuarte	erlyAnr	nual	
Contact Phone Number				
Please note:				
* If HOA dues are increased, ** HOA dues will be drafted a associations late day. *** The HOA will draft the account of the second of the se	pproximately 5 days bount balance. secial assessments (if a	efore your	sed	
Account Holder Name:				
Card Billing Address	City	State	Zip	
Account #:				
Expiration Date:	_ Security Code: _			
Signature		Date		