Williamsbrook Subdivision Homeowner's Association, Inc.
106 Regency Blvd.
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641
www.russellpm.com

HOA Information Sheet

A. **Dues:** $30.00 per month
Draft Date: The 5th Day of the Month
Late Date: The 11th Day of the Month
Late Fee: $10.00

Dues Cover: General Liability Insurance for Common Area
Directors Insurance
Landscaping outside fenced-in areas

All concerns should be emailed to freedom@russellpm.com or
contact Freedom Edmundson at 252-329-7368.

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Homeowner 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 homeowners association and will be filed in your personal file in the HOA Manager's Office at Russell Property Management.

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

Russell Property Management

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Homeowners Association TENANT Information Sheet

Homeowners Association: _____

Owner's Name and Mailing address:_____

_____

Property Address: _____

Tenant's Name: _____

Tenant's Contact Information:

_____ (Home) _____ (Work)

_____ (Cell) _____ (Email)

Tenant Vehicle Information:

Make and model _____

License Plate _____

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.

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

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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

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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