

Williamsbrook East Duplexes Homeowners Association, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

- A. **Dues:** \$33 per month eff 1.1.26
 Draft Date: The 5th Day of the Month
 Late Date: The 20th 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 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 homeowner's 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.

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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 homeowner's 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