West Hills Homeowner's Association of Greenville Breakdown of Dues Paid

The information provided below is not meant to cover all aspects of the West Hills Covenants but the Board has provided below a summary of what benefits West Hills homeowners receive from paying HOA dues. The West Hills Board of Directors encourages you to read the covenants thoroughly and become active in the association by participating in annual meetings and serving on boards. If you have any further questions about the covenants, consult your attorney, the property management company or Board members. It is the responsibility of the West Hills Board of Directors to establish a budget to cover the expenses of the association and prioritize/approve how dues spent on the behalf of the HOA and its members.

Dues: \$90.00/monthly, effective 1.1.2025

Late: 20th Day of the Month Late Fee: 1.5% of unpaid charges

The dues you pay at West Hills currently pay for the following benefits/expenses of the association:

- 1. Annual Termite Inspections.
- 2. Pest control when requested by homeowner.
- 3. Exterior lawn maintenance of areas outside patio (e.g. front lawn, sidewalk, parking lots and entrance). This includes replacement of pine straw and dead or missing bushes as funds are available.
- 4. Pressure washing of building exteriors to remove mildew and dirt, as funds are available.
- 5. Professional management of the association and property by a local property management group.
- 6. Parking lot lighting.
- 7. General liability insurance for the common areas and Board of Directors.
- 8. Exterior replacement/repair of parking lots, sidewalks, siding, and shingles as needed. Damage to these building components as a result of wind, water, vandalism or fire is not covered by the HOA. Your hazard insurance carrier (e.g. homeowner policy) would cover these types of damage.

Russell Property Management

106 Regency Blvd Greenville, NC 27834

Phone: 252.329-7368 Fax: 252.355.9641

West Hills HOA

Homeowner's Association Information Sheet

Property Address:	
Homeowner's Name:	
Spouse or Co-Owner's Name	:
Owner's Mailing Address:	
Telephone:	(Home)
	(Work)
	(Cell)
Email Address:	

It is very important that we get this information for your benefit. 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 FAX TO US ASAP! THANK YOU FOR YOUR TIME.

Russell Property Management, Inc.

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

Ι,	, hereby authorize Russell					
Property Management	to draft my HOA dues for	the street	address			
Home Addres	ss	City		State	Zip	
(Mailing Address for un	nit (If different than addre	ess above)	City	State	Zip	
	Draft Payable to	(HOA nam	ie)			
Day of Month for I	Day of Month for Draft Amount to be Drafted				afted	
Draft Frequency (circle Contact Phone Number	one)Monthly	Quart	terly	Annu	al	
** HOA dues w associations *** The HOA wi **** Bank Drafts **** There is a \$1 Bank Name:	are increased, your draft rill be drafted approximat late day. Ill draft the account balanwill NOT draft for special fee per draft for this serve:	ely 5 days l ce. l assessmen rice.	before y	our oplicable).	ed	
Routing #:						
	Checking		Savings	3		
Signatu	re			Date		

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

106 Regency Blvd Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

Ι,	, hereby authorize Russell							
Property Management to draft my HOA dues for the street address								
Home Address	City	State	Zip					
Draft 1	Payable to (HOA name))						
Day of Month for Draft Draft Frequency (circle one)M		Amount to be Dra						
Contact Phone Number								
Please note: * If HOA dues are increased, ** HOA dues will be drafted a associations late day. *** The HOA will draft the acc **** Drafts will NOT draft for sy **** There is a 3.0% fee per dra **** ***** Accoun	approximately 5 days be count balance. pecial assessments (if a	efore your pplicable).	ed .					
Card Billing Address	City Account #:	State	Zip					
Expiration Date:	Security Code: _							
Signature		Date						