Williamsburg Manor, Inc

Breakdown of Dues Paid

The information provided below is not meant to cover all aspects of the Williamsburg Manor Covenants but the Board has provided below a summary of what benefits Williamsburg Manor homeowners receive from paying HOA dues. The Williamsburg Manor 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 WM Board members. It is the responsibility of the Williamsburg Manor 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: \$56/month
Draft: 15th Day of

the

Month Late: 11th Day of the Month Late Fee: \$10

The \$54 you pay in dues at Williamsburg Manor 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.
- 4. Pressure washing of building exteriors to remove mildew and dirt.
- 5. Professional management of the association and property by a local property management group.
- 6. Dumpster supply and maintenance.
- 7. Parking lot lighting.
- 8. General liability insurance for the common areas and Board of Directors.
- 9. Exterior replacement/repair of parking lots, sidewalks, siding, fences, 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.

Williamsburg Manor, Inc

106 Regency Blvd Greenville, NC 27834

Phone: 252.329.7368 Fax:252.355.9641

Homeowners 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.

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Tenant Information Sheet

If you rent your unit, please complete the following information about your tenant(s).

Today's Date:	Today's Date: Unit #:				
Homeowner's Name & Maili	ing Address:		<u>—</u>		
	Phone #	's:	<u> </u>		
IS THIS AN INVESTMENT I		S FAMILY MEMBER RESIDE IN THIS			
2		Phone:Phone:			
Tenant Vehicle Information: Vehicle #1		Model: Color:			
Vehicle #2	Make: Tag #:	Model: Color:			
Do you have a pet? Yes or No					
· · · · · · · · · · · · · · · · · · ·		Association by-laws and rules/regulation, the individual <u>homeowner</u> will be held			
Signature of Homeowners		 			

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Bank Draft Authorization

I,			, hereby	author author	ize Russell	Property
Managemen	t to draft my HOA	A dues for the stree	t address			
Но	ome Address		City		State	Zip
(Mailing Ad	dress for unit (If o	different than addre	ess above)	City	State	Zip
		Draft Payable to	(HOA name	e)		
Day of I	Month for Draft			Amou	nt to be Dra	afted
Draft Freque	ency (circle one)_	Monthly	Quart	erly	Annua	ıl
Contact Pho	ne Number					
Please note:						
** H la *** T *** B	OA dues will be of te day. he HOA will draf ank Drafts will N	creased, your draft drafted approximat It the account balan OT draft for special er draft for this ser	ely 5 days b ce. al assessmer	pefore y	our associa	
Bank Name	:					
Account Ho	older Name:					
Routing #:						
Account #:_						
Account Ty	/pe:	Checking		Savings	S	
	Signature				Date	

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Credit/Debit Card Draft Authorization

I,	, hereby at	, hereby authorize Russell Property				
Management to draft my HOA dues	s for the street address					
Home Address	City	State	Zip			
Drat	ft Payable to (HOA name)					
Day of Month for Draft	A	mount to be D	rafted			
Draft Frequency (circle one)	Quarterly	/Anr	nual Contact			
Phone Number						
Please note:						
** HOA dues will be drafted late day. *** The HOA will draft the a	r special assessments (if app	ore your associ				
Account Holder Name:						
Card Billing Address	City	State	Zip			
Account #:						
Expiration Date:	Security Code:					
Signature		Date				