The Cottages at Swift Creek

106 Regency Blvd. Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$140/quarter

Dues Due: January 1, April 1, July 1, October 1

Late Date & Fee: Late fees post on 31st day after assessment in the

amount of 18% of the unpaid balance

Dues Cover: Entrance and Pond Landscaping

Entrance Lighting

General Liability Insurance

Mail Kiosk Repair Management Fees Pond Maintenance

Sidewalk Maintenance/Repair (Around Pond)

Signage Lighting

HOA manager is Brittney Bruin All concerns and maintenance requests should be emailed to <u>brittney@russellpm.com</u> or you may call 252.329.7368 ext. 222

Please visit our website to access legal documents, make work order requests, or contact the manager: https://russellpm.com/homeowners-associations/homeowners-associations-listings/the-cottages-at-swift-creek/

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Homeowners Association Information Sheet

Property Address:	
Homeowners Name:	· · · · · · · · · · · · · · · · · · ·
Spouse or Co-Owner's Name: _	
Owner's Mailing 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.

PLEASE MAIL OR FAX TO US ASAP!

Russell Property Management, Inc.

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Draft Authorization

I,	, hereby authorize Russell Property					
Management to charge my monthly dues/rent to the following account:						
(Address for unit)	(Mailing address, if different from Unit)					
Draft Payable to (HOA name)						
Date of First Draft						
Amount to be drafted each mon	th					
	d, your draft will automatically be increased approximately 5 Days before the associations ft for this service.					
Signature	Date					
Bank Name:						
Routing #:						
Account #						

PLEASE ATTACH A VOIDED CHECK

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Credit/Debit Card Draft Authorization

I,	, hereby authorize Russell Property					
Management to draft my HOA o	lues for the foll	owing account:				
Home Address		City	State	Zip		
Dı	raft Payable to ((HOA name)				
Day of Month for Draft		Amount to be D	Amount to be Drafted			
Draft Frequency (circle one)	Monthly	Quarterly	Annual			
Contact Phone Number						
Please note:						
* If HOA dues are increased, yo ** HOA dues will be drafted applate day. *** The HOA will draft the acco **** Drafts will NOT draft for s **** There is a 3.0% fee per definition.	proximately 5 count balance. Special assessm	lays before your as	sociations			
Account Holder Name:						
Card Billing Address		City	State	Zip		
Credit/Debit Card #:						
Expiration Date:	_ Security Cod	le:				
Signature		Da	ıte			