Kadie Farms Homeowner's Association, Inc.

Breakdown of Dues Paid

The Board of Directors has provided the below a summary of what benefits Kadie Farms homeowners receive from paying HOA dues assessments. The Kadie Farms Board of Directors encourages you to read the Covenants and Bylaws thoroughly. If you have any questions about the legal documents consult your attorney, the property management company, or Board members. It is the responsibility of the Kadie Farms Board of Directors to establish a budget to cover the expenses of the Association and prioritize/approve how funds are spent on the behalf of the HOA and its members.

Dues Assessment: $65.00 per month

Due Date: 1st day of the month

Late: 11th day of the month

Late Fee: greater amount - $10 or .6667% of total balance

Dues Pay For:

Association management
Entrance sign maintenance
General Liability / Directors & Officers insurance coverage
Lawn maintenance (outside of fenced in areas only)
Pond Maintenance
Annual Pressure Washing

HOA Manager: Brittney Bruin
brittney@russellpm.com
252-329-7368

Kadie Farms Homeowners Association, Inc.
106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641
www.russellpm.com

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 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 and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

PLEASE EMAIL, MAIL, OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

Kadie Farms HOA

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Homeowners Association TENANT Information Sheet

Owner's Name and Mailing address:_____

_____

Property Address: _____

Check the box to indicate if the property ☐ is used as an investment

or ☐ resided in by a family member

Property Manager: _____

Tenant's Name: _____

Tenant's Contact Information:

_____ (Home) _____ (Work)

_____ (Cell) _____ (Email)

Tenant's Name: _____

Tenant's Contact Information:

_____ (Home) _____ (Work)

_____ (Cell) _____ (Email)

Lease Term Dates: _____

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. We suggest that any owner who rents their unit within Fieldstone attached the "Crime Free Lease Addendum" to the lease agreement with their tenant/s.

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

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Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

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 month

Please note:
* If HOA dues are increased, your draft will automatically be increased
** HOA dues will be drafted approximately 5 Days before the associations late day.
*** There is a $1 fee per draft for this service.

_____ _____
Signature Date

Bank Name: _____

Routing #: _____

Account #: _____

PLEASE ATTACH OR EMAIL IN A PICTURE OF A VOIDED CHECK

Russell Property Management, Inc.
106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the following account:

_____
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 _____

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

Credit/Debit Card #: _____

Expiration Date:_____ Security Code: _____

_____ _____
Signature Date