

ESSEX ASSOCIATION MANAGEMENT, L.P.

PAYMENT PLAN REQUEST FORM

Name of Subdivision: _____

Name on Account: _____

Address: _____

Email Address:
(Required) _____

Phone: _____

Reason for requesting a payment plan: _____

Terms of payment plan (must include specific dates and amounts for payment):

By submitting this request form I agree to pay current assessments when due and I also agree to keep current on my payment plan. I understand the Association will pursue legal action to collect the debt if I default on this payment plan and the Association is not obligated to offer me another payment plan for two (2) years. I acknowledge and understand this is an attempt to collect a debt, and any information obtained will be used for that purpose.

Homeowner Signature: _____ Date: _____

1512 Crescent Drive, Suite 112

Carrollton, Texas 75006

Office: (972)428-2030 Fax: (469)342-8205

E-mail: info@essexhoa.com Web: www.essexhoa.com

Essex Association Management Billing Department use only

Homeowner's payment plan approved by the Board: Yes_____ No_____

If no, did the Board offer an alternate plan for approval: Yes_____ No_____

Date of Board's Decision: _____

Date Homeowner Notified: _____

Notes:
