PAYMENT PLAN REQUEST FORM (PLEASE ATTACH WRITTEN EXPLANATION OF HARDSHIP)

The following payment plan is being reques	sted for Lot #	, Address	
			by
	on	,20	
Amount of monthly payments: \$	_ (as per the paymen	nt plan resolution)	
2. Date monthly payments will be made on			
Let it be known, acceptance of any proposed paimposed on delinquent balances; thus, all apprast due balance will also apply to balances of Acceptance of a payment plan shall not be constituted full balance due (including any applicable payment plan. I agree to enroll in the automatic fees may be incurred. If a monthly payment in plan, then the accepted plan becomes void, the delinquency/collections that it would have of payment plan, and all necessary collection a balance. I understand, if approved, this arrange month period, the current Payment Plan will understand I will have to request for a new 12 same terms as the prior Payment Plan. Finally, if board has not approved requested parequest shall be considered declined and the interest, shall be due by association deadlines legal actions outlined in association governing	on a payment plan usidered a waiver of an le fees and interest) a payment system via its missed or declined the remaining baland otherwise been subjument will be for a 12 le be void and if I so 2-month Payment Pland (initial here).	d interest that normally apply antil all monies have been collecting right by the Association to conshould the member default on ACH and understand that process throughout the duration of paymers will be placed in the stagment to had it not been placed will be taken to collect remained and all have an outstanding balance and, which may or may not be a days of the date of this request, and including any applicable fees	to a cted. ollect in the sing ment ge of on a er of e 12-ce, I t the then and
Name of Member Requesting Plan/Date	Sign	nature	
Board Mei	mber Use —		
We, the elected board members of the association the governing documents have come to the folliplan:			
 □ Approval of Payment Plan TO BEGI amount of \$ for □ Rejection of Payment Plan 			the
Name of Board Representative/Date	Signa	ature	

^{**} It is understood that the board of directors has sole discretion whether to approve or disapprove proposed payment plan. **