



HOA REQUEST FORM – Dispute &/Or Re-payment Plan Request

Please review & complete the form below & provide all necessary information that applies to your request. If the form is submitted with insufficient information, your request WILL NOT be reviewed by the Board or Management until all requested information is provided & the form is completed in its entirety. Please note it may take a few weeks for your request to be reviewed by the Board since they must vote on it at a scheduled meeting. The outcome of your request IS NOT guaranteed – the Board can either approve or deny your request. Although your request will be pending, per the governing documents, you are still responsible for paying your assessments & any other balance that may be outstanding on your account. If you do not remit payment for the regular assessments or good faith payments to contribute to the outstanding balance, the Board may not consider approving your request.

Association Name: \_\_\_\_\_ HOA Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

I/We \_\_\_\_\_ the owners of the above address would like to request the Board of Directors review & consider our request for a (please check all that apply):

- DISPUTE/APPEAL – (Request for consideration on assessments WILL NOT BE CONSIDERED – By law cannot be waived)
- Consideration of Late Fees Waiver
- Consideration of Late Interest Waiver
- Consideration of Violation Fines Waiver (Please be advised violations must be in compliance in order to dispute/appeal the charges)
- Consideration of Collection Fees Waiver (Please be advised that these are hard costs to the association & may not be considered)
- Consideration of Miscellaneous Charges Waiver. List charge(s): \_\_\_\_\_
RE-PAYMENT PLAN REQUEST – (Good Faith Payments are strongly recommended)
- 3 MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver
- 6 MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver
- 9 MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver
- 12 MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver
- 12+ MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver
- I/We can pay \$\_\_\_\_\_ (extra amount per month) plus my current monthly assessment W/ Consideration of the Late Fees/Interest Waiver
- Initial payment of \$\_\_\_\_\_ and a \_\_\_\_\_ MONTH PAYMENT PLAN W/ Consideration of Late Fees/Interest Waiver

Please provide a BRIEF but detailed explanation as to why you are requesting this consideration. Also, please attach any supporting documentation that may provide more information regarding your request. This is what the Board will see when they review your request & your opportunity to be persuasive:

Four horizontal lines for providing a detailed explanation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_