**Emerald Cove H.O.A.**

**2024-2025**

**Association Fees Payment Plan Agreement**

As a homeowner in Emerald Cove, and a member of the Emerald Cove H.O.A., I would like to set up a payment plan agreement to pay my FY2023-2024, $400.00 yearly dues in the following manner (*please initial one payment method*):

\_\_\_\_Two Month Payment Plan: $200.00 by May 1, 2024

$200.00 by June 1, 2024

\_\_\_\_Three Month Payment Plan: $150.00 by April 1, 2024

$150.00 by May 1, 2024

$100.00 by June 1, 2024

\_\_\_\_Four Month Payment Plan: $100.00 by March 1, 2024

$100.00 by April 1, 2024

$100.00 by May 1, 2024

$100.00 by June 1, 2024

\_\_\_\_Other (please specify; all payments must be paid by June 1, 2024): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that I am responsible for turning in my payments and will not receive additional invoices from the Emerald Cove H.O.A. I understand that all payments are due by June 1, 2024. All incomplete payment plans, payment plans that do not include the first payment, and payments received without a payment plan will be returned to the homeowner.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed, signed agreement & your first payment to:

Emerald Cove H.O.A., 2141 Emerald Drive, Loganville, GA 30052.

Please make checks or money orders payable to: ECHOA (No cash please)

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*Please do not write below this line*

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H.O.A. Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_