LOCKERIDGE FARMS HOMEOWNERS ASSOCIATION

Request for Assessment Payment Plan

Homeowner Information

Property Address: Click or tap here to enter text. Date: 6/16/2025

Mailing Address (if different): Click or tap here to enter text.

Applicant Name(s): Click or tap here to enter text. Cell: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Current Balance: $ Click or tap here to enter text. Proposed Monthly Payment: $ # of Payments: Click or tap here to enter text.

This payment plan is not active until the management company receives the first payment of the proposed monthly payment AND a copy of this form signed.

Payments will be due on the fifth of each month. Checks must be received by the management company by the 5th of each month.

Property Owner will receive a letter upon payment plan completion to confirm final payment.

TERMS

A one-time check for the amount of $75.00 must be mailed to Clarity Consulting Corporation at 3431 Rayford Rd. Suite 200-119, Spring TX 77386 for the Payment Plan Administrative Fee. If the $75.00 check is not received within 60 days of the payment plan signature, the management company will bill the Association, who will apply to the property owner's account and any additional fees they deem appropriate.

Property Owner must not have defaulted on previous payment plans.

One missed payment disqualifies property owner from the payment plan and full balance is due immediately.

I confirm that I am the owner of the property referenced above and understand my obligation to complete the proposed payment plan or my account will be referred to the association's attorney. I understand that my account may incur additional fees.

_____ _____

Homeowner Signature Date