

# ALLIED HOA MANAGEMENT

## PAYMENT PLAN REQUEST FORM

Name of Subdivision: \_\_\_\_\_

Name on Account: \_\_\_\_\_

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

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

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 the balance on my account and 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 the payment plan. I acknowledge and understand this is an attempt to collect a debt, and any information obtained will be used for that purpose.

Homeowner Signature: \_\_\_\_\_

Approved by the Board Y N      Date of Decision: \_\_\_\_\_

Date of Homeowner Notification: \_\_\_\_\_