

# *LEGACY SOUTHWEST PROPERTY MANAGEMENT PAYMENT PLAN PROPOSAL*

Please fill out the information below and return to Legacy Southwest Property Management via email to [accounting@legacysouthwestpm.com](mailto:accounting@legacysouthwestpm.com). The agreed upon payment plan must be followed to prevent further collection measures.

### HOMEOWNER INFORMATION (Please print)

Association Name:			
Account Number:			
Homeowner Name:		Date of First Payment:	
Property Address	City	Zip Code	
Mailing Address (if different than property)	City	Zip Code	
Phone	E-Mail Address		

**TOTAL AMOUNT DUE NOW:** \_\_\_\_\_ **NEXT YEAR ASSESSMENTS:** \_\_\_\_\_

Payment Due Date	Payment Amount	Payment Due Date	Payment Amount
1:	1:	2:	2:
3:	3:	4:	4:
5:	5:	6:	6:
7:	7:	8:	8:
9:	9:	10:	10:
11:	11:	12:	12:
13:	13:	14:	14:
15:	15:	16:	16:
17:	17:	18:	18:

I hereby agree to pay all fees due on time, as specified above. I understand that failure to pay will result in further collection measures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

Comments or Additional Information/Request:

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For Office Use Only:

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

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