

Crossings at Hager Place Community Association Assessment Fee

The current Maintenance Fee of \$ 250.00 provides for the following services:

1. Association Insurance

- a. Property coverage for common areas
- b. Liability (\$2 Million), plus Directors and Officers Liability (\$1 Million)
- c. Property coverage for all residential buildings
 - *Includes coverage for interior standard features provided by builder
 - *Personal property must be insured individually

2. Exterior Maintenance

- a. Roof, gutter, downspout repair, painting, light bulb maintenance (building exterior, common areas, and entry)

3. Landscape Care

- a. Spring clean-up, fertilization, mulching, mowing, edging, trimming and pruning of shrubs and trees (*flowers planted by homeowner are the homeowner's responsibility and will not be maintained by the HOA*)

4. Entry Maintenance

- a. Wall & light maintenance
- b. Landscaping, flowers, planting and removal (two seasons), mulching, weeding and edging

5. Snow Removal

- a. Removal and treatment of roadways, common driveways, aprons and sidewalks

6. Utilities

- a. Common area water (irrigation systems)
- b. Common area lighting (entry, landscaping & street lights)
- c. Garbage collection

7. Homeowner's Association Administration

- a. Cash management & financial reporting
- b. Property management, site visits, schedule contractors, inspect work
- c. Homeowner inquiries, complaints and maintenance requests
- d. Prepare specifications and conduct competitive bidding on contracts
- e. On call 24 hours a day

8. Reserve Accounts

- a. Street Account (street sealing and repaving)
- b. Roof and Building Account (re-roofing, gutter and downspout replacement)

Crossings at Hager Place
Owners Association, Inc.
Dues Breakdowns

Reserve Fund	\$35.00
Landscaping/Lawn Maintenance	\$58.00
Building maintenance	\$42.00
Management fee	\$18.00
Insurance	\$45.00
Utilities	\$46.00
<u>Legal/Taxes</u>	<u>\$ 6.00</u>
Total	\$250.00

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AUTHORIZATION FOR AUTOMATIC PAYMENT

I (we) authorize *Dellavalle Management, Inc.* and the financial institution named below to initiate electronic debit entries (ACH Debits) to my (our) account. This authority will remain in effect until I (we) notify *Dellavalle Management, Inc.* in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act upon it. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of the United States Law.

Name of Financial Institution: _____
(your bank information)

Financial Institution Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Routing Number : _____ (the nine (9) digit string on bottom left corner of your check).

Your Account Number: _____ Checking Savings

The agreed amount is _____ per month.

The Date of the monthly transaction is 5th unless the 5th falls on a weekend in which case the ACH will be take out on the Friday before the 5th.

A VOIDED CHECK MUST ACCOMPANY THIS FORM

I authorize *Dellavalle Management, Inc.* to initiate electronic debit entries to my (our) checking/savings account and agree to the terms on the authorization for payment of my monthly association fee dues.

Signature: _____ Date: _____

Name (please print) _____

Address/Unit Number: _____

Phone Number/Cell: _____

Please complete all blank fields in the above document, attach a **VOIDED CHECK** and forward to the *Dellavalle Management Office* at P.O. 910888, Lexington, KY 40519.

The information in this document is confidential and will be used only for the intended purpose. For questions, call 859-273-6000. Our office hours are: 8:30 a.m. to 5 p.m. Mon. – Fri.