

# PAYMENT PLAN APPLICATION

Southwest Property Management, Inc.  
P.O. Box 783367 - Winter Garden, FL 34778  
Offices: 407 656-1081 Fax: 407 656-0974  
www.SouthwestPropertyManagement.com

**\* PLEASE FILL OUT COMPLETELY & MAIL OR FAX BACK \***

Owner Name(s): \_\_\_\_\_

Neighborhood: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (in case we have a question)

Account Number: \_\_\_\_\_

PROPERTY Address:

MAILING Address (If different):

_____	_____
_____	_____
_____	_____

Total amount due during plan\*: \_\_\_\_\_

\*Please include past due assessments, if applicable, and the 2012 assessments that will become due during the payment plan period you are requesting!

**Please briefly state your circumstances and reason for requesting a payment plan:**

\_\_\_\_\_

\_\_\_\_\_

Please be specific and write in the **maximum** amount you can pay. (Payments are DUE on the 15<sup>th</sup> of each month)

\_\_\_\_\_ **Monthly payments of \$** \_\_\_\_\_. **My first payment will be sent in** \_\_\_\_\_.

**\*PLEASE NOTE:** If your account is delinquent more than \$500, please send in a payment of \$100 or more with your application.

Please be patient for a response and continue to make payments **per the plan you indicate**, as it can take 30 days or more to get Board approval.

If your request is approved, your account will be charged a **Payment Plan Administrative Fee** per the schedule below.

1-time Payment Plan Administrative Fee Schedule payable to Southwest Property Management:

- 1. If you are approved for 1-3 months of payments - \$25**
- 2. If you are approved for 4-6 months of payments - \$50**
- 3. If you are approved for 7-12 months of payments - \$75**

Please be advised that your account will not be charged late fees, but interest will continue to accrue until your account balance is paid in full.

If your payment plan is approved, a formal document will be mailed to you to be signed and returned to us within 15 days to be official.

**I understand the above statements and would like to be considered for a payment plan.**

**Signed:** \_\_\_\_\_  
(Homeowner signature only)

**Name:** \_\_\_\_\_  
(Please PRINT clearly)

**Signed:** \_\_\_\_\_  
(Homeowner signature only)

**Name:** \_\_\_\_\_  
(Please PRINT clearly)