

PAYMENT PLAN PROPOSAL FORM

This communication is from a debt collector in an attempt to collect a debt, and any information obtained will be used for that purpose.

All requests for a payment plan must be submitted in writing. The Board of Directors for the Association requires all payment plan proposals to include, specific dates each payment will be **received in our office** and the amount of each payment being remitted. **The form must be completed in full to be considered.** After completion, please return this form via fax to: 214-520-6463 Attn: Leslie Willis or mail to: PO Box 191185, Dallas TX 75219. Once the proposal has been reviewed, a copy of this payment plan proposal will be returned to you either **Approved or Denied** with an explanation or counter proposal.

We suggest you call Leslie Willis @ 214-520-0099 to confirm receipt of this payment plan proposal. If you have not received a response within (14) days, IT IS YOUR OBLIGATION TO FOLLOW UP TO MAKE SURE THE FORM WAS RECEIVED, and verify the status of the proposal. This will also help avoid further collection action, during the payment proposal review process. If we are unaware of your proposal, and 30 days have elapsed since the last collection action, your account will be subjected to additional charges.

Partial Payments will not be accepted, and an incomplete proposal form will not be considered.

*Name of Homeowners Association: _____

*Date: _____ *Phone Number (during the day contact): _____

*Name (Last, First): _____

*Property Address: _____

*Mailing Address: _____

PAYMENT PLAN PROPOSAL

<u>Payment Due Date</u> <u>(MM-DD-YYYY)</u>	<u>Amount Due</u>	<u>Payment Due Date</u> <u>(MM-DD-YYYY)</u>	<u>Amount Due</u>

Homeowner Signature: _____ Date: _____

******Please attach any additional comments/information you feel will provide backup or support to your requested payment proposal******

CORNERSTONE USE ONLY:

___ Payment Plan Approved ___ Payment Plan Denied/Reason: _____

Cornerstone Representative Signature: _____