

PAYMENT PLAN REQUEST

ASSOCIATION NAME _____ ACCOUNT # _____

OWNER NAME _____

PROPERTY ADDRESS _____

OWNER MAILING ADDRESS _____

PHONE NUMBER (DAY) _____ (CELL) _____ EMAIL _____

If for any reason I do not strictly adhere to the schedule below, I understand and agree that: (i) the Association will refer my account to the Association's attorney without further notice to me, and I will be charged all attorney's fees and costs associated with the collection of the delinquency; (ii) the foregoing statement complies with Section 209.008(a) of the Texas Property Code and the "date certain" addressed in the statute is the "Payment Due Date" established below; and (iii) I will be responsible for the payment of all interest which accrues against my account, from the original due date of the amount due until paid in full.

THIS PAYMENT PLAN ALLOWING FOR THE PAYMENT OF THE ANNUAL ASSESSMENT IN INSTALLMENTS IS NOT CONSIDERED AN APPROVED PAYMENT PLAN UNTIL IT IS SIGNED BY A REPRESENTATIVE OF CHAPARRAL MANAGEMENT COMPANY ON BEHALF OF THE ASSOCIATION. UPON APPROVAL OF THE PAYMENT PLAN, YOU WILL RECEIVE A FULLY SIGNED COPY OF THIS PAYMENT INSTALLATION PLAN AS EVIDENCE OF ACCEPTANCE. ADDITIONAL STATEMENTS MAY BE MAILED TO YOU BUT YOU SHOULD RETAIN THIS PAYMENT PLAN FORM AS A REMINDER OF YOUR COMMITMENT TO SUBMIT YOUR PAYMENT INSTALLMENTS TIMELY.

*****I UNDERSTAND THAT THE FIRST PAYMENT MUST ACCOMPANY THIS REQUEST.***
INCOMPLETE PAYMENT PLAN FORMS WILL NOT BE ACCEPTED.**

PAYMENT SCHEDULE

CURRENT BALANCE = \$ _____ as of _____.

*The Association shall add to the delinquent assessments and other amounts owed to the Association to be paid in accordance with the Payment Plan Agreement reasonable costs for administering the payment plan as follows:

Fees for preparation of the payment plan and cost associated with processing the payments monthly equal to \$10.00 per installment. The administration fees must be included with the first payment. Interest will continue to accrue on all unpaid balances.

*Insert today's date for Payment 1 followed by the dates of all other payments. Please remember to fill in the amounts for each payment. The final payment must bring the total account balance to zero. *Interest continues to accrue on any unpaid balance. PLEASE CALL (281) 537-0957 for balance due prior to making the final payment.

Date	Amount	
1 _____	\$ _____ + \$ 30.00 Administrative fees (\$10 per payment)	* 1/3 of current balance
2 _____	\$ _____	* 1/3 of balance
3 _____	\$ _____ + accrued interest	* 1/3 of balance

I am the owner of the above referenced property and understand my obligation to pay the amount shown below plus interest as outlined in the Covenants, Conditions, and Restrictions (Deed Restrictions) for my Community Association. Since I am not able to pay the full amount at this time, I submit this request for approval of a Payment Installment Plan. I understand that the initial payment installation must be an amount equal to one-third (1/3) of the balance currently due and the payment installation plan must be completed within three (3) months.

Owner Signature _____ Date _____

Association Approval _____ Date _____

CHAPARRAL MANAGEMENT COMPANY, P.O.BOX 681007, HOUSTON, TEXAS 77268-1007