

Frio Communities Improvement Association
PO Box 248, Leakey, Tx 78873
twinforksleakey@gmail.com

Payment Plan Request Form

Owners requesting a payment plan may e-mail or mail the completed form to the above address, as all requests must be in writing. Owners may review details of your Association's payment plan by viewing the plan at www.twinforksleakey.com; if applicable.

Please print:

Date: _____ **Name of Subdivision:** FCIA (Twin Forks Estates)

Name on Account: _____ **Address:**

_____ **Phone:** _____

Twin Forks address (if different from above)

Email Address: _____

Account Balance: _____

Terms of Payment Plan: Select from 3, 6 or 9 months below

Equal Payment Amount: _____

Payment Frequency: ____ 3 months ____ 6 months ____ 9 months

Payment Date: 1st payment date is July 17, 2025 or before

This agreement in no way relieves you of your obligation to pay the annual assessments as they become due. Should you become delinquent in payment of these assessments, the terms of this agreement will become null and void. Owners' signature below acknowledges agreement with the balance due as stated above. Although payments will be applied pursuant to Section 209.0063 of the Texas Property Code, the parties to this agreement expressly stipulate that any late charges, interest, collection costs, attorney's fees, administrative fees or other costs or fees which have accrued on this account and are part of the balance at the time of the signing of the agreement and as stated above are valid, due and payable by Owner(s). Should Owner(s) default on the terms of this agreement, Owner(s) hereby acknowledge responsibility for payment of the remainder of the balance due as stated above.

Should you become delinquent in one (1) installment, the terms of this agreement will automatically become null and void at which time the Association will proceed with further collection efforts. "Delinquent" as used hereinabove means submitting a payment past the above due date or the amount indicated is less than agreed upon or in the case of non-sufficient funds. Once a payment plan has been defaulted on, the Association reserves the right to collect ALL assessments, late charges, interest and other applicable fees from the original delinquency date. This matter will be turned over to the attorney for collection and you will be responsible for reimbursing the Association for all attorneys' fees and costs incurred by the Association in collecting your delinquent balance.

P 1 of 2 owner's initials _____

Also, you will not be eligible for another plan for 2 years from the date a payment plan is missed or late. So long as payments are made (timely) per this agreement, the Association will refrain from commencing any other collection efforts or adding additional late charges. Please keep a copy of this agreement letter for your records.

No payment plan will be considered in effect until it has been approved and a payment has been received. While a payment plan is current we will not be sending monthly statements or billing late fees, IT IS YOUR RESPONSIBILITY TO MAKE THE AGREED UPON PAYMENTS.

Very truly yours,

FCIA, HOA Board of Directors

AGREED AND ACCEPTED on this the _____ day of _____, 20_____, to-wit, witness my/our signature(s) herein below and on each prior page of this letter agreement in the lower portion of each page.

Owner Signature

Date

Note: No payment plan will be considered in effect until it has been approved and a payment has been received. While a payment plan is current we will not be sending monthly statements or billing late fees, IT IS YOUR RESPONSIBILITY TO MAKE THE AGREED UPON PAYMENTS.

Office USE

Payment plan is _____ **accepted** _____ **denied** _____ **other**

Comments:

Board Signature: _____ **Date** _____

Owner's Initials _____ **p2 of 2**

Office Use Only:	Date: _____
 _____ Approved _____ Denied _____ Other	
Comments:	
 Board Signature: _____	