

**PAYMENT PLAN AGREEMENT**  
**Hidden Springs Ranch Homeowners Association, Inc.**

Date \_\_\_\_\_

Owner(s)' name: \_\_\_\_\_

Property address: \_\_\_\_\_

Owner mailing address (if different from property address): \_\_\_\_\_ E-mail  
address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Owner agrees to make payments to the Association according to the following schedule:**

<i>Payment #</i>	<i>Due date</i>	<i>Amount<sup>1</sup></i>
<i>Payment #</i>	<i>Due date</i>	<i>Amount</i>
<i>Payment #</i>	<i>Due date</i>	<i>Amount</i>

**Owner also agrees to pay current assessments to the Association as they become due.**

Payments should be sent to Hidden Springs Ranch Homeowners Association, Inc., PO Box 362, Dripping Springs, TX, 78620.

Missing a payment, paying late, or sending an insufficient funds (NSF) check is a default. If owner defaults, the Association may terminate the plan and require immediate payment of all amounts due. The Association may also refer the account to an attorney for collection, in which case reasonable attorney's fees and collection costs will be added to owner's account. An owner who defaults on a payment plan will not be eligible for another payment plan for 2 years from the date of default.

One or both owner(s) is serving in the armed forces or military reserves:  Yes  No

**Owner accepts the above payment plan, and certifies owner's military status.**  Yes  No

You must return the signed plan to the above address within 30 days. Failure to do so will be deemed a rejection of the plan, and the account will be turned over to an attorney for collection. Reasonable attorney's fees and collection costs will be added to owner's account as the same are incurred.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature

**Owner will promptly notify the Administrator (hoa@dshiddenspringsranch.com) of all changes in address, email, or telephone.**

FOR MEMBERS OF THE MILITARY

Federal and State law provide certain protections to members of the armed services or military reserves. If you are a member of the armed forces or reserves, please provide the below identifying information. This information will enable the Association to verify your active duty status, should the need arise.

Owner's full name (include middle name): \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Date of birth: \_\_\_\_\_

<sup>1</sup>

Includes an administrative fee of \$15.00.