



COVID-19 Application for Suspension of Debt Collection Activity (“Application”)

This Application is for Members, as defined in the recorded by-laws and covenants of the Glenwood Resort Owners’ Association (“GROA”), that owe debts, including Lot Assessments, to the GROA that will be, or have been, referred to the GROA Board of Directors, or its attorney or collection agents, for collection and litigation. Any such Member that has been financially impacted by COVID-19, or the international, national, and state responses designed to prevent its spread, may complete and submit this Application to be considered for certain forms of relief, including relief from collection activity, interest accrual, and the charge of collection fees (collectively, “Fees”).

Due to the financial impact of COVID-19 response, I hereby request that the GROA provide debt relief of Fees that may be or are due and outstanding. I/We understand that, at the sole discretion of the GROA Board, the potential debt relief available for those impacted by the response to COVID-19 includes the temporary waiver of pre-judgment interest, interest that may apply under the by-laws and/or covenants, the temporary waiver of Fees including the collection of fees that may apply after a demand for payment is sent, the temporary tolling of time periods counting toward the time periods referenced in the by-laws or covenants, the temporary waiver of post-judgment interest that accrues and contract payments to debtors, the temporary cessation of judgment enforcement for accounts in judgment, the temporary postponement of payments due, and the modification of Payment Plan Agreements previously entered into with the GROA.

The applicant is the party that owes a debt to GROA that has been referred to the GROA Board and applicant requests debt relief for the Fees.

Applicant(s): _____

Lot #: _____

Address: _____

Email: _____

Phone: _____

➤ **Describe Your Relationship to the Party Impacted by COVID-19**

Examples include, but are not limited to, yourself or the spouse, domestic partner, or legal dependent of a person or entity affected by COVID-19.

Describe:



➤ **Information Related to Employment or Business Circumstances**

Applicants should complete this section with information related to their employment or business circumstances. Spouses, domestic partners and legal dependents of persons that have lost income due to the COVID-19 response should complete this section with information relating to the employment or business circumstances of their spouse, domestic partner or party claiming them as a legal dependent. Attach any available documentation as further described in below.

Name of Employer or other impacted business:

Address of Employer or other impacted business:

➤ **Describe the Impact of COVID-19 on Your Employment or Business**

Examples include, but are not limited to, forced closure of your business, being laid off, or describing how your employer or the business you are associated with has been impacted by COVID-19. Attach additional pages if needed.

Describe:

Applicants must demonstrate a reduction of income or other material financial impact.

Describe:



➤ **Additional Information**

Please provide any other additional information that may be of assistance in reviewing your application for Debt Relief from Fees.

Additional Information:

Attach Your Documents:

Please provide documentation relevant to the above sections. In addition, any available documentation concerning status as third-party vendor, contractor, other impacted party, spouse, domestic partner or legal dependent should also be provided. Furthermore, any available documentation demonstrating a reduction of income or other material financial impact should be provided.

I/We certify that, to the best of my/our knowledge and belief, the facts set forth in the foregoing Application are true, correct and complete. I understand that this information is to be used to determine eligibility for debt relief of Fees and that I/we remain responsible for Lot Assessments. I understand that the information provided may be verified by the GROA Board. If asked by a Director of the Board, I/We agree to give further proof of the information that I /We have provided on this form.

Signature(s) of Applicant:

Date: _____
Date: _____

The GROA Board has reviewed the above Application and based on review:

☐ Approved—Fees shall be deferred 120 days (or 08/01/20) with the understanding Lot Assessments shall have been paid no later than said date.

☐ Denied—Fees shall not be deferred.

By: _____ Its: _____ Date: _____