

TPS Association Management Services
4327 South Hwy 27 #415
Clermont, Fl. 34711
www.TPSAMS.com

Payment Plan Application

***** Please fill out completely and submit via e-mail or mail*****

Incomplete applications may not be considered

Community Name _____

Owner Name _____

Property Address: _____

Mailing Address: _____

Phone # _____

Email Address _____

Total Amount Due during the plan (current Balance plus assessments that will be due) \$ _____

Amount you will make as a good Faith Payment - \$ _____

(An initial payment towards balance due by money order or cashier's check made payable to the association **due at the time of payment plan request**)

Please briefly state your circumstances and the reason for requesting a payment plan. You may attach an additional sheet if needed. _____

Please be specific and write the maximum amount you can pay

(All payments are due by the 1st of each month and will be late after the 10th of each month for the entire term of the plan)

Number of _____ Monthly Payments of \$ _____ **over the amount of my** regular assessments

My good faith payment is \$ _____ and my first monthly installment will be on _____.

**PLEASE NOTE If your account is delinquent more than 3 months you must make a good faith payment.

*****THERE WILL BE A \$50.00 CHARGE FOR THE PAYMENT PLAN AGREEMENT*****

Signed: _____

DATE: _____

Homeowner signature

Name: _____

Print Name of Homeowner

Accepted by _____ Date _____

Denied by _____ Date _____