

## Board of Directors Approved Member Payment Plan for Annual Dues

Effective January 1, 2024

### Per the Stardust Hills Owners Association Bylaws:

- Annual Membership dues must be paid by April 1<sup>st</sup> of each year.
- Members unable to pay the annual dues by April 1<sup>st</sup> may request the Board to approve a payment plan.
- Payment Plan request **MUST** be made before April 1<sup>st</sup>.
- Members **MUST** make their 1st payment toward the plan when submitting the request.

The Board of Directors has approved the following payment plan for those Members who have requested and been approved for a payment plan.

The Board of Directors WILL NOT approve any other payment plans other than this plan as outlined.

The Board of Directors WILL NOT modify the approved payment plan as it is written. This payment plan form **must** be used to submit a request.

A current and completed "Resident Information Form" is **required** to be on file with Stardust Hills Owners Association or accompanied with the Payment Plan request.

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### Board of Directors Approved

#### Member Payment Plan Arrangements for Association Dues

I, \_\_\_\_\_, located at \_\_\_\_\_, understand that my Association dues are due on April 1st of each year and agree to the following:

- I must make this payment plan request before April 1<sup>st</sup> of each year.
- I am requesting the Board of Directors agree to this payment plan request and accept **\$56.00** with this request, as my 1st of five (5) monthly payments towards this plan.
- I agree to continue to pay \$56.00 over 4 additional consecutive monthly payments. I understand that I will not be assessed late fees if my additional consecutive 4 payments of \$56.00 are made on the approved scheduled payment dates.
- I understand that there is no grace period. My agreed payments will be made by the first of each month per the payment schedule. If the 1<sup>st</sup> of the month falls on a date when the office is not open, the payment must be made on the next business day that the office is open.

Date: \_\_\_\_\_ Member Initials \_\_\_\_\_

**Payment Plan Schedule:**

- April 1<sup>st</sup> - \$56.00 (1<sup>st</sup> payment due with signed payment plan agreement request)
- May 1<sup>st</sup> - \$56.00 (2nd payment)
- June 1<sup>st</sup> - \$56.00 (3rd payment)
- July 1<sup>st</sup> - \$56.00 (4th payment)
- Aug 1<sup>st</sup> - \$56.00 (5th payment)

**Payment Plan Default:**

- If the undersigned fails to make any payments by the scheduled dates outlined on the payment schedule, it is understood that they will be in default of the payment plan, and this arrangement will be immediately voided.
- If the payment plan is voided, the undersigned will be declared “Not In Good Standing (NIGS)” by the Association, resulting in Association privileges being suspended. It is understood that assessment of late fees per the Bylaws and any outstanding balance will be due in full within **60 days** of the voided payment plan.
- Failure to pay the outstanding balance in full within **60 days** of a voided payment plan **WILL** result in the Association taking legal action. Any costs and fees, including attorney fees, filing fees, lien fees, etc., per the Association Bylaws to collect the outstanding balance, will be the responsibility of the undersigned in this agreement.

Member Name Printed: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_

# STARDUST HILLS OWNERS ASSOCIATION

PO BOX 376  
CLOVERDALE, IN 46120  
765-795-6690

[STARDUST@CCRTC.COM](mailto:STARDUST@CCRTC.COM)  
[STARDUSTHILLS.ORG](http://STARDUSTHILLS.ORG)

## RESIDENT INFORMATION

The Stardust Hills Owners Association would like to welcome you to the neighborhood. Please take the time to fill out the requested information and either mail it to the address listed above or place the completed form in the drop box at the office (1000 Small Fry). The information is needed for future mailings and to allow you to sign in at the pool. Also, if you do not have a copy of the Bylaws, Rules, and Regulations, please stop by during office hours and pick one up. Let us know if we can help you in any way.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Names of children or residents in the home: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_ belongs to: \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_ belongs to: \_\_\_\_\_

Property Address: \_\_\_\_\_

(Mailing Address if different \_\_\_\_\_)

Do you own, rent, contract buyer? \_\_\_\_\_

Starting Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you prefer your newsletters via e-mail or regular mail? \_\_\_\_\_

Received SHOA Bylaws book YES \_\_\_\_\_ NO \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you,

Kristen Rogers  
Office Administrator