

# PAYMENT PLAN REQUEST

Please take a moment to complete the information below and return via fax to 713-956-1442 or email [kpm@kpmtx.com](mailto:kpm@kpmtx.com).

Community Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Mailing Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Current balance due:\$ \_\_\_\_\_

Initial Installment Offered:\$ \_\_\_\_\_

Number of Payments Requested: \_\_\_\_\_

Monthly Maximum Payment Requested:\$ \_\_\_\_\_

Reason for payment plan request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note that submission of this form does not guarantee a payment plan. All requests are subject to the approval of your community's Board of Directors.***