

File Submission Form

Homeowners Association: _____
Management Company: _____
Address: _____

Telephone: _____
Account No.: _____

Angius & Terry Collections LLC
1451 River Park Drive, Suite 299
Sacramento, CA 95815
Toll Free Telephone: (866) 320-7222
Toll Free Facsimile: (866) 320-7221

The undersigned hereby declares that the owner(s) of the real property located as described below (the "Property") is/are delinquent in the payments of amounts due to the above-described Homeowners Association (the "Client") as of the date indicated below:

\$ _____ unpaid assessments for the period _____ through _____ ;
\$ _____ unpaid special assessments for _____ ;
\$ _____ unpaid late charges for the period _____ through and including _____ ;
\$ _____ other charges : _____ ;
\$ _____ collection cost
\$ _____ **TOTAL**

The amounts due to the Client shall increase by:

\$ _____ regular assessments are due on the ___ day of each month, quarter, semi-annual, or annual;
\$ _____ late charges are due ___ days after the above date;
\$ _____ for _____ on the _____ (due date); and

Interest shall also be assessed at the rate of _____ % per month year.

Account ledger is attached.

The Client will advise Angius & Terry Collections LLC ("ATC") of any changes in assessments or if additional amounts shall become due.

Client authorizes ATC to act as agent of Client, including appointment as Trustee for Client, as set forth in ATC's standard Delinquent Assessment Collection Agreement, whether or not Client has actually executed such Agreement.

The Client agrees not to accept any payments and shall forward to ATC any payments tendered to the Client or their agent during the assessment lien and/or foreclosure proceedings. The Client understands that the acceptance of payments during this process may invalidate such process and subject the Client to ATC's fees and costs.

The Client shall notify ATC immediately of bankruptcy proceeding or change of address. The Client declares that there are no judicial actions pending against the owner(s) of the subject property by the Client.

Homeowner Name(s): _____

Subject Property Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature Date