

# The Villas at Briarwood Heights Association

Ankeny, Iowa

Dear Resident:

Congratulations on the recent purchase of your new home. You are now a member of The Villas at Briarwood Heights Association. This letter and accompanying information is intended to welcome you to the Villas at Briarwood Heights Association community and provide you with helpful details about the Association. Please read through this information carefully, as the contents directly impact your roles and responsibilities as a homeowner/resident.

## **Administration of Villas at Briarwood Heights**

The property manager for VBH is Property Management of Iowa, LLC. Property Management of Iowa [PMI] is a full service Association management company and will assist homeowners/residents with any questions, concerns, or issues that may arise. Please visit the Association's website through PMI for VBH by-laws and other important documents. Homeowners and residents may contact Property Management of Iowa via phone (515-963-1717) or e-mail ([robert@propertymanagementofiowa.com](mailto:robert@propertymanagementofiowa.com)).

## **Dues and correspondence should be mailed to:**

**Initial Fee \$280.00**

**Monthly Dues: \$140.00 Due on or before the 1<sup>st</sup> day of each month.**

**Property Management of Iowa**  
PO Box 42293  
Urbandale, IA 50323

**Please make dues checks payable to : The Villas at Briarwood Heights Association**

**NO MONTHLY STATEMENTS OR INVOICES WILL BE SENT**

Automatic Monthly Payments (ACH) form is available at  
[www.pmiowa.com](http://www.pmiowa.com)

## **Website**

PMI maintains and operates a website for the purpose of providing easy access to information and downloadable documents of common interest to all homeowners: <http://www.pmiowa.com>

You may also submit maintenance work orders directly to PMI through the website's service request form. If you have Internet access, please review the website, which currently contains information related to the Association governing documents, finances, Board of Directors, insurance, meeting minutes and maintenance.

**Insurance**

MORTGAGE COMPANY Annual Proof of Insurance

**Gateway Insurance Services**

**1416 Buckeye Avenue Ames,**

**IA 50010-1910 Gateway Insurance Services**

**Lindsay Johnson 515-232-6001** EMAIL ADDRESS: [ljohnsen@gsiowa.com](mailto:ljohnsen@gsiowa.com)

**Additional Note**

The Board and Property Management of Iowa, LLC. would be happy to answer any questions you have as you adjust to your new home.

Sincerely,

The Board of Directors,  
Village at Briarwood Heights Townhome Association

THE VILLAS AT BRIARWOOD HEIGHTS ASSOCIATION

***Homeowners' Association***  
**OWNER REGISTRATION FORM**

OWNER INFORMATION

Owner Name/s: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contact**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete this section if you, the owner, live in this unit:

Car/s:

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

## EFT AUTHORIZATION FORM

Dear Owner,

Below you will find an enrollment form for Electronic Funds Transfer (EFT) for payment of your Association dues. This will allow your monthly dues payment to be automatically deducted from your checking account on the 5<sup>th</sup> day of each month. We encourage you to enroll as the association can benefit in reduced mailings to owners and reduced collection activity.

Should you elect to participate please complete this form and attach a voided check. No deposit tickets will be accepted. All accounts must be current before you can enroll.

### Villas of Briarwood Heights

Address with Unit \_\_\_\_\_

I (we) hereby authorize Fountain Pointe Owners Association, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account for \$\_\_\_\_\_ (Current Association Dues). **All dues must be current.** I (we) acknowledge that the origination of EFT transaction to my (our) account must comply with the provisions of U.S. Law.

\_\_\_\_\_  
(Financial Institution Name and Branch)

\_\_\_\_\_  
(Address, City, State and Zip)

\_\_\_\_\_  
Type of Account \_\_\_\_ Checking \_\_\_\_ Savings  
(Routing Number) (Account Number)

**I hereby authorize any future increase in the dues amount and Special Assessments be debited.**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

**PLEASE ENCLOSE A COPY OF VOIDED CHECK TO THIS FORM!**

Mail to:  
Property Management of Iowa  
PO Box 42293  
Urbandale, Ia 50323

**Fax Number 515 257-4023**