

Mesquite Grove Estates Homeowners Association

c/o VISION Community Management
16625 S. Desert Foothills Parkway | Phoenix, AZ 85048
Office: (480) 759-4945 | Fax: (480) 759-8683
Email: MesquiteGroveEstates@WeAreVision.com

Effective January 1, 2023, your Board of Directors has contracted with VISION Community Management (VCM) to provide professional management, accounting, and consulting services to the Mesquite Grove Estates Homeowners Association. After this date, please address all questions and payments to the address/phone numbers listed below.

At VCM we believe in open communication between homeowners, the Board of Directors, your community manager and accountant. Our experience has shown that a homeowner's main concern is a lack of communication and response. At VCM, your experienced accountant, certified manager, or administrator is available Mon-Fri 9:00 am – 5:00 pm.

Should you have to leave a voice or email message for your team, we strive for a response time of no more than one business day. For after-hours emergencies, please call the office and when prompted, select option 5, your call will be directed to our after-hours emergency line.

A statement for your January 2023 assessment is enclosed. Payments already submitted to the previous payment address will be forwarded to our office and your account will be updated. **Please note that late fees will not be assessed in January as we are currently transitioning to Vision Community Management.**

If you haven't already submitted your payment, please submit your check made payable to *Mesquite Grove Estates HOA* to the "Payment Address" below. Any other type of association correspondence can be directed to our "mailing address."

MAILING ADDRESS

Mesquite Grove Estates HOA
c/o VISION Community Management
16625 S. Desert Foothills Pkwy
Phoenix, AZ 85048

Ph: (480) 759-4945 fax: (480) 759-8683
MesquiteGroveEstates@WeAreVision.com

PAYMENT ADDRESS

Mesquite Grove Estates HOA
c/o VISION Community Management
PO Box 65422
Phoenix, AZ 85082-5422
Please reference your account # on your check
This is a bank lockbox. Do not send any
correspondence to this address. It will not be
forwarded to our office.

If you currently use an online bill paying service, please take a moment to update the address on file. If you would like to pay your assessments via electronic ACH Debit (automatic withdrawal), please fill out the enclosed form and return it to our office (if you were previously set up for ACH, you will need to fill out the attached form since the prior ACH Debit is no longer valid).

If you had a credit balance with the prior management company, that information will be forwarded to our office. Failure to send payments to the new remittance address could cause delays in the posting of your assessment payment.

Please take some time to complete and return the enclosed information forms and view what is available for your community on our website www.WeAreVision.com/MGE. You may scan and return the forms via email to MesquiteGroveEstates@WeAreVision.com. Your personal information will be kept confidential and used for association communications only.

VCM looks forward to working with you and your Board of Directors to ensure the highest levels of service and value continue to be offered. Do not hesitate to contact us with any questions you may have.

Sincerely,
VISION Community Management Team

Mesquite Grove Estates Homeowners Association
c/o Vision Community Management
16625 S Desert Foothills Pkwy | Phoenix, AZ 85048
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Email: MesquiteGroveEstates@WeAreVision.com

OWNER INFORMATION / AGENT AUTHORIZATION FORM

Please use this form to provide homeowner address and contact information, and/or to authorize your agent/property manager to access your account. The following information will be kept confidential.

Homeowners Name (s): _____ Unit/Lot #: _____

Property address: _____

Off-site mailing address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

Occupancy (Please check one):

- Owner Occupied-**Full Time** Owner Occupied-**Part Time** Vacant Rental*

If this property is owner occupied, please provide homeowner vehicle information:

1. Make _____ Model _____ Color _____ Plate _____

2. Make _____ Model _____ Color _____ Plate _____

3. Make _____ Model _____ Color _____ Plate _____

4. Make _____ Model _____ Color _____ Plate _____

Agent/Property Manager Authorization (Optional):

Please provide the following information only if you would like to authorize an agent or property manager to access your account.

Agent Name/Company Name: _____ / _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

- Please send a copy of all **violations** to my authorized Agent/Property Manager at the address listed above.
- Please send a copy of all **billing statements** to my authorized Agent/Property Manager at the address listed above.

***For Rental Properties: If this property is a rental, the Rental Registration Form is required**

Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048
Office: (480) 759-4945 Fax: (480) 759-8683
Email: RentalReg@WeAreVision.com

RENTAL REGISTRATION FORM

Pursuant to Arizona state law §33-1806.01 / §33-1260.01 completion of this form is required if you rent out your home. Each time a new tenant moves into your home, a new form must be completed, and a \$25.00 fee paid. If the form is not fully completed or not returned within 15 days from the lease start or renewal date, a \$15.00 late fee will be charged.

Owner Name(s): _____ Phone: _____

Property Address: _____ Email: _____

If this home is no longer a rental, please check here and return the form to the address below:

Name of Adult Tenant(s) and Contact Information (Required):

- | | | |
|----------|--------------|--------------|
| 1. _____ | Phone: _____ | Email: _____ |
| 2. _____ | Phone: _____ | Email: _____ |
| 3. _____ | Phone: _____ | Email: _____ |
| 4. _____ | Phone: _____ | Email: _____ |

Lease Term (Required):

Start Date: _____ End Date: _____ New Lease (\$25.00 Enclosed)
 Renewal – Previously Paid

Resident Vehicles (Required):

- | | | | |
|---------------|-------------|-------------|-------------|
| 1. Make _____ | Model _____ | Color _____ | Plate _____ |
| 2. Make _____ | Model _____ | Color _____ | Plate _____ |
| 3. Make _____ | Model _____ | Color _____ | Plate _____ |
| 4. Make _____ | Model _____ | Color _____ | Plate _____ |

Return this completed form each time you have a new tenant OR a lease renewal to the address listed below. For New Tenants: Include a check or money order in the amount of \$25.00. If mailing this form more than 15 days after the request for information, include the \$15.00 late fee. Make checks payable to:

Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048

To All Homeowners:

Your Association offers electronic payment processing as an **optional** method for your assessment payment. Pre-authorized Automatic Payments mean that homeowners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank. Funds are transferred from the homeowner's checking account directly into the association's bank accounts. Funds are transferred between the 10th and 15th of the month. ***This form needs to be received by the 30th of the month for auto payments to start the following month. This service will start withdrawals on 2/10/2023.***

If you would like to sign up for this service, please fill out the form below and return it to the Association office at 16625 S. Desert Foothills Parkway, Phoenix, AZ 85048 **along with a voided check (deposit slips are NOT acceptable).**

Pre-Authorized Electronic Assessment Payment Authorization (please print)

Mesquite Grove Estates Homeowners Association

Association Name

Account Number

Assessment Amount (Monthly)

Name(s) Last First M.I.

Name(s) Last First M.I.

I (we) hereby authorize Western Alliance Bank, hereinafter referred to as BANK, as agent for the association named above to initiate debit entries to my (our) checking account indicated above at the depository named below, hereinafter referred to as DEPOSITORY, to debit same to such account.

Depository Name (Homeowner's Bank)

Branch Name

City State Zip Code

This authority is granted in accordance with the terms and conditions of the Bank's pre-authorized electronic assessment payment agreement & disclosure statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such manner as to afford BANK a reasonable opportunity to act on it.

Signed Phone

Signed Phone

**Please make sure you send a voided check with this agreement and mail all to:
VISION Community Management, 16625 S. Desert Foothills Parkway, Phoenix, AZ 85048.**