

# MONMOUTH HEIGHTS COMMUNITY ASSOCIATION

PO Box 808  
Manalapan, New Jersey 07726

www.MyMHCA.com

732-334-8071  
MHSwimClub@gmail.com

The Monmouth Heights Community Association exists for the purpose of owning, operating and maintaining the pool club and associated recreational facilities. As per Article V of the Declaration of Covenants for the MHCA, each homeowner by acceptance of their deed shall be deemed to covenant and agree to pay an annual assessment, uniform to each lot.

**FULL PAYMENT OF THE ANNUAL ASSESSMENT IN THE AMOUNT OF \$310.00 FOR THE YEAR 2019 IS DUE ON OR BEFORE APRIL 15, 2019.**

### IF ASSESSMENT IS POSTMARKED & RECEIVED BY:

<b>December 31, 2018</b> <i>You will receive \$50 value in Guest Passes</i>	<b>January 31, 2019</b> <i>You will receive \$40 value in Guest Passes</i>
<b>February 28, 2019</b> <i>You will receive \$30 value in Guest Passes</i>	<b>March 31, 2019</b> <i>You will receive \$10 value in Guest Passes</i>

*\* Note: Free guest passes are valid for the 2019 Season only. This guest pass may be picked up at the Swim Club on Memorial Day Weekend.*

The assessment is payable by check or money order (no cash), and to be mailed to the above stated address. There will be no admission to the Monmouth Heights Swim Club without payment. **Payments received and postmarked after APRIL 15, 2019 will be subject to a late charge of \$50.00 plus interest at the rate of \$9.00 per month.**

Please note that in the event it becomes necessary to submit your bill for collection you will be responsible for a minimum legal and administrative fee of \$350 plus any court costs and interest incurred.

Sincerely,  
The Board of Trustees  
Monmouth Heights Community Association

### RETURN THIS SECTION WITH YOUR \$310.00 PAYMENT AND CONFIRM THE INFORMATION BELOW

Last Name: _____  Child #1 _____ DOB _____ Child #2 _____ DOB _____ Child #3 _____ DOB _____ Other: _____ DOB _____  Pool # _____	Husband _____ Wife _____ DOB _____ DOB _____ Address: _____ Husband Cell # _____ Wife Cell # _____ Home# _____  Husband EMAIL Address: _____ Wife EMAIL Address: _____
--	--

**PLEASE MAKE CHECK PAYABLE TO: MHCA in the amount of \$310.00**  
Mail Payment to: PO Box 808, Manalapan, NJ 07726