

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 \$315.00 FOR THE YEAR 2020 IS DUE ON OR BEFORE APRIL 15, 2020.

IF ASSESSMENT IS POSTMARKED & RECEIVED BY:

December 31, 2019 <i>You will receive \$50 value in Guest Passes</i>	January 31, 2020 <i>You will receive \$40 value in Guest Passes</i>
February 28, 2020 <i>You will receive \$30 value in Guest Passes</i>	March 31, 2020 <i>You will receive \$10 value in Guest Passes</i>

** Note: Free guest passes are valid for the 2020 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, 2020 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 \$315.00 PAYMENT AND CONFIRM THE INFORMATION BELOW

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

PLEASE MAKE CHECK PAYABLE TO: MHCA in the amount of \$315.00

Mail Payment to: PO Box 808, Manalapan, NJ 07726