HOA ASSESSMENT

[Homeowners Association Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
[Homeowner Name]
[Property Address]
[Account Number]

Payment Instructions:
Make checks payable to:
[Association Name]
Memo: [Account Number]

Description	Period	Amount
Monthly Assessment / Dues	[Month, Year]	$ 0.00
Reserve Fund Allocation	[Month, Year]	$ 0.00
Special Assessment (if applicable)	---	$ 0.00
Late Fees / Penalties	---	$ 0.00

Total Amount Due: $ 0.00

Notes: Payments received after the 10th of the month may be subject to a late fee. Please contact the Board of Directors or Management Company regarding any billing discrepancies.