



## **Community Association Late Fee/Interest Charge Waiver Request**

### **Instructions:**

**Please fill out this form if you wish to request a waiver on any late fees or interest charges you may have on your account. This request will only be considered if your original assessments are paid in full. Please note that this request in no way releases you from continuing to make regular payments.**

**Your request will be investigated and reviewed by the board of your association. Please submit detailed supporting documentation along with this request to WPI's office by mail, email or fax:**

**Fax Number: 206-522-0725**

**Mailing Address: 9500 Roosevelt Way NE, Ste 100  
Seattle, WA 98115**

**Email: [info@wpirealestate.com](mailto:info@wpirealestate.com)**

**Thank you! Your request will be reviewed by the Board of Directors at the next board meeting or sooner, and your property manager will reply to you with an answer once a decision has been made.**

**\*PLEASE NOTE\***

**All resolutions regarding this request shall be kept confidential between the Board of Directors and the homeowner making the request.**



**Community Association Late Fee/Interest Charge Waiver Request**

Today's Date: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Please check one:

I am contesting the late fees and/or interest charges on my account.

I understand that my assessment payment is late and I am responsible for the associated fees/charges. Before paying the late fees and/or interest charges; however, I want to make the Board of Directors aware of my circumstances for the late payment and be considered for waiver of the late fees and/or interest charges.

Have you made this same request within the last 12 months?    Yes    No

Address of homeowner and unit or lot #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of requested late fees/interest charges removal and date(s) of occurrence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request (attach additional pages, if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

WPI Comments: _____
_____
_____
Board Instruction: _____
_____
Waiver request approved? Yes / No
Alternative Resolution Description: _____
_____
Board Member Name/Title: _____
_____
Board Member Signature: _____ Date: _____