

# Landmark Limited Group of Companies, Inc.

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## COVID – 19 Hardship Letter and Payment Plan Request Form

*(All sections must be filled out completely)*

Date: \_\_\_\_\_

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

Owner(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Account/Lot No: \_\_\_\_\_

Outstanding Account Balance: \_\_\_\_\_

Reason for Hardship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Payment Plan/Repayment Terms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner(s) Signature (please sign and print): \_\_\_\_\_

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

### Section for Board/Management use only:

Date: \_\_\_\_\_

Approved as presented by: \_\_\_\_\_ Denied: \_\_\_\_\_

Approved with following conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_