

# WILLOW POINTE HOMEOWNERS ASSOCIATION, INC. IMPROVEMENT APPLICATION

Submit to: WPHOA c/o Randall Management  
6200 Savoy Drive, Suite 420  
Houston, TX 77036  
Tel: 713-728-1126 \* Fax: 713-728-5015

**All exterior modifications to your property must be approved in advance by the MC (Modification Committee) of your homeowners association. The MC will review your request to make sure that the improvement is consistent with the deed restrictions and compatible with the overall character and aesthetics of the community. Please provide as much detail as possible so that the MC will properly understand your request. Without a complete description of your request, the application will be temporarily denied and returned pending receipt of the additional information requested. After you have completed this form, please return it along with specifications, material samples (if appropriate), plot plans, and/or drawings to Randall Management, Inc.**

Homeowner's Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Describe the Improvement (you must be specific - attach a sketch, drawing or photo)

\_\_\_\_\_  
\_\_\_\_\_

Location of the Improvement (attach a plot plan or sketch of location of the improvement)

\_\_\_\_\_  
\_\_\_\_\_

Material To Be Used (attach sample if appropriate)

Paint (paint chips required) \_\_\_\_\_ Brick (type/color) \_\_\_\_\_

Roof Shingles (manufacturer/color/weight) \_\_\_\_\_

Metal (type) \_\_\_\_\_ Wood (type/grade) \_\_\_\_\_

Additional materials and/or comments \_\_\_\_\_

\_\_\_\_\_

Planned Start Date: \_\_\_/\_\_\_/\_\_\_

Planned Completion Date: \_\_\_/\_\_\_/\_\_\_

Who will perform the work \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. Any changes from the above will nullify this application and/or its approval by the committee. Work begun or completed prior to written approval of this application is subject to penalty including, but not limited to, forced removal if the application is ultimately denied.

Signature: \_\_\_\_\_

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

Committee use only: Approved: \_\_\_\_\_ Conditionally Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_