

Rental Housing Stability Rent Payment Plan

NAME			
ADDRESS			
PHONE		EMAIL	

I, _____, agree to pay my outstanding balance of \$ _____ according to this mutually agreed
(Resident Name)
 payment plan dated _____ by and between _____ . All monies owed must
(Property Entity Name)
 be paid in accordance with the payment installments and statements of understanding as detailed below unless otherwise approved by (ORGANIZATION).

DUE DATE	PAYMENT	BALANCE OWED
	\$	\$
	\$	\$
	\$	\$
	\$	\$

INITIALS	STATEMENTS OF UNDERSTANDING
	I understand this payment plan is subject to approval by (ORGANIZATION).
	I understand that I can have only one Rental Payment Plan in a 12-month period.
	I understand that I must pay the regular monthly rent by the 1 st of each month.
	I understand if I miss a due date and/or do not pay the agreed upon amount for each due date, I will be considered in default of my Lease Agreement and this can result in an eviction.
	I understand that if I am evicted for nonpayment, (ORGANIZATION) still has the right to ask for the balance of the full payment.
	I understand that upon successful completion of the payment plan, I am eligible to become a member of (SPECIFIED INITIATIVE).
	By signing this agreement, I agree to the payment terms as outlined above. Furthermore, failure to comply with one or more of these payments as outlined above constitutes a breach in this agreement and at this time, the entire unpaid balance will be due and payable immediately.

Signature of Resident	Date	Signature of Resident	Date
Signature of Financial Counselor			
Signature of (PROPERTY MANAGEMENT)		Date	
Signature of Asset Manager		Date	

ORGANIZATION USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for denial: