



GENERAL INFORMATION

RESIDENT REPAYMENT AGREEMENT

Attach this form to a copy of the resident's ledger before submitting it for approval.

Resident Name:		Address/Unit ID #:	
Resident I.D. #:		Prepared By:	
DHC Property Name:		Phone Number:	
Property Code:		Agreement Date:	
Rent Burden:	No	Agreement Origination: (Property Manager or Court Order)	

Comments:

Repayment Agreement Terms:

Term of Agreement (mo's):		Total Repayment Amount:	
First Payment Due Date:		Less: Req'd Down Payment	\$0.00
Final Payment Due Date:	#NUM!	Less: Add'l Down Payment	
		Repayment Balance Due:	\$0.00

Incremental Monthly Payments:

Monthly Payment Amount:	#DIV/0!
Current Monthly Rent:	
Total Current Monthly Payment:	#DIV/0!

I, the head of household, and all household members agree that this Active Resident Repayment Agreement, if approved, **will become an addendum to my current and any future lease agreement(s) with the DHC.** I agree that I owe the amounts set forth above. I agree to pay the monthly amount set forth above, in addition to my current rent, and any other new charges assessed to my account, in accordance with my lease agreement.

I reaffirm all other conditions of my lease agreement. I agree and understand that if I fail to pay the monthly amount set forth above, with my current rent payment, and any new charges assessed to my account, that the DHC may proceed with terminating my lease agreement for non-payment of rent.

Resident
Name:
Signature:
Date:

Property Manager
Name:
Signature:
Date:

Internal Use Only (Completed by the Finance Department)

Date Received	Date Processed/Verified