

Partial Payment Agreement

Facility Name _____

Resident Name _____ Apartment # _____

I, _____, agree to pay the outstanding balance of \$ _____ on the resident account for _____ at _____ (*facility name*). Payments will be made in the amount of \$ _____ per month beginning on _____ (*date*) and continuing no later than the 10th day of the month every month hereafter until the balance as stated above is paid in full. This payment is in addition to any payment due for current or future rent or charges that are incurred on the resident account.

I understand and agree that if payments are not made in full by the due date, the agreement to accept partial payments on this account is canceled. If such a default occurs, the entire outstanding balance becomes due and payable immediately.

I agree to pay any reasonable cost incurred in the collection of this account. Costs can include but are not limited to: agency fees, court costs, and attorney's fees.

Signature

Date

Facility Representative's Signature

Date

Witness Signature

Date