



Date: _____

Request for Payment Arrangement

Tenant Information:

Name: _____

Unit #: _____

Reason for requesting accommodation:

Late Fees: If rent isn't paid in full by 11:59 p.m. on the 3rd of each month, a \$30 fee will be applied. In addition, per your TAA Lease a maximum of 15 days at a cost of \$5 per day of late fees may be applied until rent is paid in full. *However, you can submit a Payment Arrangement at a reduced cost of \$15 but if your arrangement dates are not met, we will void your payment arrangement and apply the original late fees.*
PAYMENT ARRANGEMENTS MUST BE PAID BEFORE YOUR EXTENSION CAN BE PROCEEDED.

*** If the reason for the request is due to change in employment/health status **YOU MUST** provide backup documentation (I.E. Doctor or Employee letter-documentation).

Amount OUTSTANDING: _____

Requested Payment Date: _____ Amount to be paid: _____

Requested Payment Date: _____ Amount to be paid: _____

*** NOTE***

Effective February 2024 our office will now require a payment in good faith of half of your total rent amount when requesting a payment arrangement. This does not change the \$15 payment arrangement fee cost.

*You acknowledge, that failure to abide by this agreement **will result** in eviction proceedings. If eviction is sought, you may be responsible for additional charges such as court fees, which may have a negative effect on your credit rating.*

Tenant Signature: _____ Date: _____

*****Landlord Approval*****
For office use only

Received Date: _____ Approved Date: _____

Approved by: _____ Approved by: _____

Printed Name

Signature

Notes:

