REPAYMENT PLAN

DATE:				
TO:	Name(s)	 	-	
	Address	 	 -	
	City, State, Zip	 	 -	
	Phone	Email		

Dear Resident,

We value your residency and understand these are unprecedented times. Pursuant to the Governor's Declaration of State of Emergency, rental assistance may be available for those who have been financially impacted by the disaster.

If you owe unpaid, your landlord must offer you a reasonable repayment plan that does not exceed monthly payments equal to one-third of the monthly rent.

The balance of rent due between ______, is \$______,

Your monthly recurring rent is \$_____.

One-third of your monthly recurring rent is \$______. This amount is due each month in addition to your monthly recurring rent. Your first payment due 30 days after the repayment plan is offered.

If you fail to accept the terms of the repayment p an within 14 days of the landlord's offer, the landlord may proceed with an unlawful detainer action subject to any requirement under the eviction resolution p itot program (ERPP).

REPAYMENT PLAN OFFER OF REPAYMENT PLAN

Date Due 30 days after repayment plan is offered.	One-Third Payment

Please returned signed completed repayment plan within 14 days by:

[] MAIL	[]EMAIL	[] FAX					
Name		4		-			
Address				-			
City, State, Zip							
Phone							
-							
Housing Provider Signature					Date		
Resident S gnat	ıre			9 99 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Date		

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