

- CORONAVIRUS (COVID-19) - LATE PAYMENT PLAN REQUEST

Resident Name(s): _____
 Address: _____ Unit: _____
 City: _____ State: WA Zip: _____
 Building Name: _____

As a result of economic hardship due to the Coronavirus (COVID-19), I am unable to pay the following, due on the first of _____ 2020.
 Rent Utilities Other _____

Therefore, I am proposing to pay the amount owed as follows:

Pay in full on the _____ day of this month.
 Pay \$ _____ now and pay the remainder of \$ _____ on the _____ day of this month.
 Other _____

RESIDENT(S) INFORMATION

Total Number of Occupants in the Household _____ # of Adults _____ # of Children _____
 Daytime Phone # _____ Email Address _____

GROSS INCOME

Resident #1 Name: _____

	PRIOR TO PAYMENT PLAN REQUEST	AT PRESENT
Resident's Employer	_____	_____
Amount of gross monthly income	\$ _____	\$ _____
Employer's Contact Information	Name: _____	Phone #: _____

Resident #2 Name: _____

	PRIOR TO PAYMENT PLAN REQUEST	AT PRESENT
Resident's Employer	_____	_____
Amount of gross monthly income	\$ _____	\$ _____
Employer's Contact Information	Name: _____	Phone #: _____

Resident #3 Name: _____

	PRIOR TO PAYMENT PLAN REQUEST	AT PRESENT
Resident's Employer	_____	_____
Amount of gross monthly income	\$ _____	\$ _____
Employer's Contact Information	Name: _____	Phone #: _____

Resident #4 Name: _____

	PRIOR TO PAYMENT PLAN REQUEST	AT PRESENT
Resident's Employer	_____	_____
Amount of gross monthly income	\$ _____	\$ _____
Employer's Contact Information	Name: _____	Phone #: _____



ASSISTANCE

Have you or others in the household already applied for assistance with the State of Washington? Yes No Non-Applicable
Money already being received from DSHS SSI AFDC Other _____
Amount of money received each month is \$ _____

The Total Household Monthly Income currently being received is \$ _____.

As a result of the Coronavirus, late payment charges as set forth in your lease / rental agreement will not apply until the emergency declaration has been rescinded. However, by signing below, the resident(s) is aware this is an accommodation by Owner/Agent and agrees to maintain both written and verbal communication with the Owner/Agent regarding the above balance owed and to make every effort to make payment in full.

In addition to completing this Late Payment Plan and the Coronavirus (COVID-19) related Financial Hardship Resident Statement, Owner/Agent will provide you with a Resident Invoice, for your convenience, indicating what is owed. You may use this Resident Invoice to assist you with obtaining financial assistance, unemployment benefits, etc., to pay your rent and any other balances owed.

_____, 2020
Resident's Signature Date

_____, 2020
Resident's Signature Date

_____, 2020
Resident's Signature Date

_____, 2020
Resident's Signature Date

It is our intention to process this request as expeditiously as possible, since we understand how difficult things are for everyone at this time, including our valued residents. Therefore, please contact your owner/agent via email at _____ within three business days to confirm if this Late Payment Plan has been approved. We are all in this together and will do what we can to assist you.

- FOR OWNER/AGENT USE ONLY -

Resident(s) Move-In Date _____

Is the resident currently on a Lease Month to Month Rental Contract

In the last twelve months, has this resident(s) been late, paid in partial payments, or had NSF checks? Yes No

Date of resident's last late / partial payment and / or NSF check was in the month of _____, 20____.

Date of resident's last Late Payment Plan requested was for the month of _____, 20____.

Has a Late Rent Warning ever been issued? Yes – If yes, when was it issued? _____ No

Approved by _____ Approved on _____, 20____

Received on _____, 20____ Denied Approved Alternative: _____

Comments _____

