STANDING ROCK SIOUX TRIBE
HOUSING AUTHORITY

STANDING ROCK HOUSING AUTHORITY
15 WOLF AVENUE Fort Yates North Dakota 58538-0769
T: 701-854-3891 ***www.standingrockhousing.org*** **F: 701-854-3946**

REPAYMENT AGREEMENT

I, _____, ADDRESS: _____, UNIT #_____

Hereby enter into a repayment agreement with Standing Rock Housing Authority for rent arrears and/or repairs for which I am responsible. I also acknowledge that I am permitted to enter into a repayment agreement for rent arrears only once due to lease termination or otherwise.

My Current Monthly Rent: $ _____

My Current Rent Arrears Amount: $ _____

My repairs: $ _____ (when applicable)

My agreement for repayment according to schedule below: $ _____ will commence on: Date: _____

SRHA Occupancy and Admissions policies as approved by the Board of Commissioners have set the following minimum monthly payment schedule: *(automatic deduction is preferred but not required).*

AMOUNT OWED $	MINIMUM MONTHLY PAYMENT	METHOD OF PAYMENT
$0.00 - $1,000.00	$42.00	◯ Money Order
$1,000.00 - $2,000.00	$56.00	◯ Check
$2,001.00 - $4,000.00	$67.00	◯ Direct Deposit
$4,001.00 - $6,000.00	$83.00	◯ Payroll Deduction
$6,001.00 - $8,000.00	$95.00	◯ Credit Card
$8,001.00 - $10,000.00	$104.00	◯ Debit Card
$10,001.00 - $12,000.00	$111.00	
$12,001.00 - $14,000.00	$117.00	

I fully understand and agree that repayment of rent arrears and/or repairs for which I am responsible does not exclude my current monthly rent obligations.

_____ _____
Tenant Head of Household Signature Date

_____ _____
Accounts Receivable Specialist Date