

Commonwealth Real Estate Services
18150 SW Boones Ferry Road
Portland, OR 97224
(503) 244-2300
(503) 768-4660 Fax

AGREEMENT FOR DELINQUENT BALANCE **FORM 50**

COMMUNITY NAME: _____

RESIDENT NAME: _____

RESIDENT ADDRESS: _____ SPACE #: _____

CITY: _____ STATE: Oregon ZIP: _____

MAILING ADDRESS (if different than above): _____

CITY: _____ STATE: _____ ZIP: _____

This agreement is for the purpose of bringing my rent and all other outstanding charges and fees current as related to the above provided address. I understand this agreement does not supersede the terms of my rental/lease agreement and that future rent, charges, and fees will continue to become due and payable according to the terms of my rental/lease agreement. I further understand the Community is not required to enter into this agreement, but is doing so voluntarily under the premise that acceptance of these payments does not constitute waiver while the Community is acting in good faith to resolve my delinquent balance. I agree the Community retains its rights, in their entirety, to terminate my tenancy for failure to comply with this agreement and/or any other cause under the terms of my rental/lease agreement.

Should I fail to meet the terms of this agreement, I understand that any late fees, if waived or deferred, will be re-assessed, and all money owing will become due and payable in full immediately. I also understand the Community will issue a termination of tenancy notice for non-payment, and I will be subject to eviction proceedings and placed for collections.

It is also agreed that all payments received during the term of this agreement will be applied to the oldest outstanding balance due. I further agree, in the event the home is sold or subject to be removed from the Community, any and all outstanding balances will be due and payable in full immediately. I acknowledge the Community will require all money owing to be paid in full prior to the removal of my home from the Community and/or approval for tenancy of the prospective purchaser of my home.

If any portion of this agreement is ruled invalid, voidable or otherwise unenforceable, the remainder of this agreement shall not be affected, and all other terms and provisions shall be valid and enforceable to the fullest extent permitted by law.

The total delinquent balance due as of today's date is: \$ _____

Payment Date: _____	Amount: \$ _____
Payment Date: _____	Amount: \$ _____
Payment Date: _____	Amount: \$ _____
Payment Date: _____	Amount: \$ _____
Payment Date: _____	Amount: \$ _____
Payment Date: _____	Amount: \$ _____

*Attach payment
schedule addendum
if necessary*

By signing below, I agree to pay the amounts stated above on the dates indicated. These payments are in addition to my current monthly rent, charges, and fees due according to my rental/lease agreement. I understand this agreement is not valid until signed by the Community indicating acceptance of these terms.

Resident

Date

Resident

Date

Property Manager

Date

White – Resident Yellow – Resident File Pink – Commonwealth