



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Payment Agreement

Resident _____ Todays Date _____

Address _____

I, the undersigned, agree to pay the Housing Authority of the City of Bloomington the total amount of \$ _____ for:

Rent and/or Utilities (must be paid within the month due)

Maintenance Charges

Retro Rent

Move Out Charges

Court Cost

Payments of \$ _____ per month beginning on _____ until the balance is paid in full.

Payment dates: _____

This payment agreement must be kept. Failure to keep this agreement may result in termination of your lease. If you fail to keep this agreement the Housing Authority will not make another agreement for you.

Resident Signature: _____ Date _____