AGREEMENT TO PAY DAMAGES

I, [Click here and type 1. Resident's Name], do hereby acknowledge that I owe \$ [Click here and type 2. Charge Amount] for repair of the following items: [Click here and type 3. Description of Damage] pursuant to ______ of my Lease, I understand that Paragraph ______ of my Lease states, "Whenever damage is caused by carelessness, misuse or neglect on the part of the Tenant, his/her family or visitors, the Tenant agrees to pay the cost of all repairs and to do so within 30 days after receipt of the landlord's demand for the repair charges." I understand that Paragraph ______ of my Lease states that my failure to reimburse the landlord within 30 days for repairs made under Paragraph _____ constitutes Material Noncompliance with the Lease.

However, since the repair charge is more than \$ [Click here and type 4. Total Amount Owed], and I am unable to pay it in full within the 30-day period, [Click here and type 5. Property Name] has agreed to allow me to pay \$ [Click here and type 6. Monthly Payment Amount] per month on this debt. I agree to make [Click here and type 7. Number of Payments] payments of \$ [Click here and type 8. Monthly Payment Amount]. I will pay this monthly amount upon receipt of my billing statement, with payment due on the first day of each month. The first of these payments will be due on [Click here and type 9. Month of First Payment] and the last will be due on [Click here and type 10. Month of Last Payment].

I agree that if I miss any scheduled payment, I will be in default of the Agreement and of my Lease, and the entire balance shall become due and payable within 10 days. Failure to pay the full balance within the 30-day period will place me in Material Non-Compliance with Paragraphs 11a and 23 of my Lease and will result in the termination of my Lease.

Signed this [Click here and type 11. Date of Signature] day of [Click here and type 12. Month of Signature], 20[Click here and type 13. Year of Signature]

Property Manager

Signature of Resident

Date

Address of Resident