

REPAYMENT AGREEMENT

I _____, who reside at _____

do hereby agree to pay the Louisville Metro Housing Authority (LMHA) \$ _____. This amount represents retroactive rent or fees owed for _____.

I agree to make a lump sum payment at the execution of this agreement, in the amount of \$ _____. I understand that the remaining balance of \$ _____ is to be paid in _____ monthly payments of \$ _____ until paid in full. I understand there is no interest charged and no prepayment penalty.

I agree that each monthly retroactive payment in the amount of \$ _____ will be due and payable in addition to each regular monthly rent payment in the amount of \$ _____, for a total monthly rent payment in the amount of \$ _____ on the first day of each month (not to exceed 40% of family's adjusted income). This amount does not include any future incurred charges or fees (excess utilities, maintenance fees, late payments etc.). The first payment will be due on _____. Partial payments will not be accepted

I understand the terms of this agreement may be renegotiated if there is a verifiable decrease or increase in my family's income. I understand the failure to comply with this agreement, such as late or missed payments may result in termination of tenancy or assistance, or both in accordance with LMHA's lease agreement. I agree that Landlord's acceptance of rent or repayments from me does not constitute a waiver of the Landlord's right to terminate the rental agreement for that breach. Further, I agree that this is in no way a waiver as defined in KRS 383.675 Waiver of Landlord's Right to Terminate. This agreement is entered into in an attempt to prevent homelessness/loss of housing. The terms of this agreement shall be incorporated into the lease between tenant and LMHA dated of _____ and such that breach of this agreement shall constitute a breach of the lease agreement and may be cause for termination.

Resident _____

Date _____

Property Manager _____



Notice of Right of Reasonable Accommodation: If you or someone else in your household has a disability – and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in Public Housing Program – please contact the Ombudsman to discuss accommodation options. The Ombudsman of the Public Housing program can be reached at (502) 569-1168. TDD 502-587-0831.



LMHA has provided this sample repayment agreement for informational purposes only. LMHA encourages before use as a template that you have the sample repayment agreement reviewed by your legal counsel for applicability, legality, and compliance with federal statutory and regulatory guidelines as well as state and local laws.