Tl'azt'en Nation
PO Box 670, Fort St James, B.C. V0J1P0
Phone: 250-648-3212Fax: 250-648-3250

ARREARS REPAYMENT AGREEMENT

I, _____

residing at _____

acknowledge that arrears in the amount of $_____ are owed as of

_____**.**

I agree to make repayment of the arrears owing as follows:

In addition to the amount of my monthly rent, I will pay an amount of $_____. This repayment agreement will begin on _____ and will continue the first day of each month thereafter, until the arrears are paid in full.

I understand that failure to comply with this agreement will be reported to the Housing Committee and may result in:

(1) the termination of my tenancy, and/or
(2) ineligibility for future rentals with the band until the arrears are paid in full.

SIGNED: _____
Tenant Date

SIGNED: _____
Tenant Date

SIGNED: _____
Tl'azt'en Nation Housing Manager Date

DRAFT