

FORT PAYNE HOUSING AUTHORITY

203 13TH Street N.W.

Fort Payne, Alabama 35967

Phone: 256.845.0424 Fax: 256.845.7825

RENT COLLECTION POLICY

It is the policy of the Authority to establish rents based on family status, income and medical deductions calculated individually for each resident. Rents will be adjusted when a resident reports within (10) ten days unforeseen changes in family circumstances, Given these conditions, the Authority is required to collect promptly all rents and charges thus owed by it's Resident.

- I. All rent and charges are due and payable in advance without notice on the first day of each month and is delinquent after the 5th day of the month in which they are due.
- 2. Effective May I, 2001, rents unpaid by the 5^h day of each month are delinquent and a \$25.00 late charge will be assessed on the Resident's account and a 14-Day Notice of Termination of Lease will be issued. If at the end of 14 days, the balance remains unpaid., eviction proceedings will begin as required by law.
- 3. Residents who receive more than four Notices of Lease Termination during any calendar year may be required to vacate the premises.
- 4. In the event of unusual hardship beyond the control of the Resident, the Resident can request a repayment agreement with the Authority. Twenty-five percent of the balance must be paid at that time and amounts due on repayment agreement must be paid along with the current rent. Non-payment of repayment agreement will result in the Resident being required to vacate.
- 5. None of the above will be construed as limiting a Resident right to dispute amounts of rent owed under the adopted grievance procedure. In the case of a grievance procedure, disputed amounts will be deposited in an escrow account.
- 6. None of the above will be construed to limit tenant's right to challenge an action by the Authority in a judicial proceeding.

RESOLUTION ADOPTED BY THE HOUSING AUTHORITY ON MARCH 5, 2001

I/we certify that I/we have read and understood the above RENT COLLECTION POLICY and agree to abide by such policy.

Head: _____

Other Adult: _____

PHA Representative

Date: _____