

Dear Residents,

The coronavirus (COVID-19) pandemic has thrust our community into unknown territory. We recognize this is a frightening time and that many in our community have faced both health and economic impacts. We are here to try to help.

If you have suffered a job loss or other substantial loss of income due to the COVID-19 pandemic and are unable to pay rent, we encourage you to fill out the required “Promise to Pay” form attached. Please supply the following information to see if you qualify for a payment plan.

- 1. Promise to Pay form**
- 2. Doctor note that on medical leave**
- 3. Or copy of your unemployment filing**

This information can be faxed back to us 209-472-9555 or drop off in our drop box available 24 hours outside our front door.

With sincerest appreciation,

PAYMENT PLAN AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____, _____ between
(Day) (Month) (Year)

(Name of Landlord) "Landlord" and
 _____ "Resident." for
All Residents (tenants and subtenants) in possession (full name) and all others in possession

the premises located at:
 _____, Unit # (if applicable) _____
(Street Address)
 _____, CA _____
(City) (Zip)

The parties agree as follows:

This agreement does not constitute a novation of the Rental/Lease Agreement and is not a promissory note. It is not intended to waive any rights of the parties under the Rental/Lease Agreement. All terms and conditions of the Rental/Lease Agreement remain in effect.

1. Past Due Amounts: Resident agrees that this statement of past due charges is accurate.

Type of payment (i.e., rent, deposit, damages)	Original Due Date	Amount

2. Payment Plan: Resident(s) agree(s) to pay the following amounts no later than the date specified (check one box).

\$ _____ is due on the _____ day of every month, beginning _____ until _____
(date) (date)
 or

Amount	Date Due



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3. Payment Method for Payment Plan.

Payment must only be made to Landlord at the following address:

1545 Saint Marks Plaza #4 Stockton Ca 95207

(Address where payments should be delivered)

Telephone number for above address: 209-478-4111

Payments made in person may be delivered to Landlord between the hours of 8:30 and 4:30 on the following days of the week: or drop box

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Other _____

Acceptable methods of payment:

Personal Check Cashier's Check Money Order EFT/Credit (see Landlord for details) and Cash

4. Continuing Obligation to Pay Rent: Resident(s) agree to make all future rent payments under the Rental/Lease Agreement on time. Rent payments made after the date of this Agreement must be made only:

As specified in the Rental/Lease Agreement

To Landlord at the following address:

1545 Saint Marks Plaza #4 Stockton Ca 95207

(Address where payments should be delivered)

Telephone number for above address: 209-478-4111

Payments made in person may be delivered to Landlord between the hours of 8:30 and 4:30 on the following days of the week: or drop box

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Other _____

Acceptable methods of payment:

Personal Check Cashier's Check Money Order EFT/Credit (see Landlord for details) and Cash

5. Habitability. By entering into this agreement, Resident represents that the premises are in clean, safe and habitable condition and free of needed repairs or damage.

6. Informal Resolution in Lieu of Litigation. Landlord will not sue Resident for the amounts listed in Section 1 above, if the payment plan is adhered to. In the event that Resident(s) fail(s) to conform to any of the payment requirements above, even if late by a single day, all outstanding amounts shall be immediately due and payable and Resident(s) shall be served a Three-Day Notice demanding all past due amounts. If the sum demanded is not paid within the required time period, Landlord has the right to begin Unlawful Detainer proceedings to recover possession of the premises, rent, damages, attorney fees and court costs, as applicable.



The undersigned Resident(s) acknowledge(s) having read and understood the foregoing.

_____ <i>Date</i>	_____ <i>Resident</i>	_____ <i>Date</i>	_____ <i>Resident</i>
_____ <i>Date</i>	_____ <i>Resident</i>	_____ <i>Date</i>	_____ <i>Resident</i>
_____ <i>Date</i>	_____ <i>Resident</i>	_____ <i>Date</i>	_____ <i>Resident</i>

Landlord by _____, _____ Agent for Landlord
Individual Signing for Landlord *Management Co. (If Applicable)*

Date



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