



IL Tenant Payment Plan Agreement

Today's Date: ____/____/____

Payment Arrangement For-

Tenant(s) Name

Address

City/State

Phone Number

I, _____ by signing this form, agree to make the following payments to Walker Property Management, LLC toward my past due balance. I understand that this arrangement must be approved and signed by management. Any missed payments may result in eviction proceedings. I will make the following payments no later than 5:00pm on the dates listed below. **I understand that I will be charged \$30.00/day if this arrangement is not followed (Amount to be Paid/Date to be paid on). I understand that if all payments are made on the date I listed below I will only be liable for the \$30.00 Late Fee on the 2nd and 3rd of the month. All Monthly Charges will need to be paid in full within the same month it is owed.**

Amount Currently Owed \$ _____ + Late Fees \$ _____ (if paying total after the 3rd of the month)

Total Amount Owed \$ _____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Amount to be Paid \$ _____

Date to be paid on ____/____/____

Tenant Signature: _____

Date: ____/____/____

Tenant Signature: _____

Date: ____/____/____

Management Signature: _____

Date: ____/____/____