

3500 Newville Rd., Janesville WI 53545

OFFICE: (608) 563-0013 FAX: (608) 563-5259

WEBSITE: WPMrents.com

Tenant Payment Plan Agreement

loday's Date:/		
Payment Arrangement For	-	
	Tenant(s) Name	
	Address	City/State
	Phone Number	
		by signing this form, agree to make the following payments by past due balance. I understand that this arrangement must
the following payments no	later than 5:00pm on	missed payments may result in eviction proceedings. I will make the dates listed below. I understand a \$30.00 Late Fee will end of the grace period. I understand a \$15.00
Bookkeeping Fee may be	<u>applicable. All Mor</u>	nthly Charges (to include fees) will need to be paid in full lowing month rent paid on-time.
	Amount Cu	rrently Owed \$
Late Fee \$(if pa	ying total after the 5th	th of the month) + Bookkeeping Fee \$(5 Day Notice)
	Total Amo	ount 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:		
Management Signature:		Date:/