

Kankakee County

Leased Housing Program

PO Box 965 • Kankakee, Illinois 60901 • (815) 939-7125 • FAX (815) 933-5063

SECTION 8 PAYMENT AGREEMENT

Tenant:

Dated:

PHONE:

Address:

**REASON: FAILED TO REMOVE DAUGHTER OFF FAMILY COPOSITION IN A
TIMELY MANNER**

_____ do hereby agree to pay a total of _____ by paying ½ of the total balance due \$_____ by _____. Than a monthly scheduled payment of \$_____ each month for a period of 12 months. Each monthly scheduled payment is due and payable on the _____ day of each month. Payment shall begin on the ___ day of _____ until the entire balance of \$_____ is paid in full.

By signing this agreement, I fully understand that if I fail to keep this agreement or fail to make any payments, I will be terminated from the Section 8 Housing Voucher program. Should this occur, I fully understand that if I am terminated from the program I will be responsible for my entire rent to my landlord, _____.

Tenant Signature Date

Occupancy Specialist Date

Section 8 Manager Date

CC: Finance Department

Date Paid _____ Amount _____	Date Paid _____ Amount _____
Date Paid _____ Amount _____	Date Paid _____ Amount _____
Date Paid _____ Amount _____	Date Paid _____ Amount _____
Date Paid _____ Amount _____	Date Paid _____ Amount _____
Date Paid _____ Amount _____	Date Paid _____ Amount _____
Date Paid _____ Amount _____	Date Paid _____ Amount _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the KCHA 504 Coordinator, Mr. Randy McGill, or let a KCHA staff person know you wish an accommodation. . KCHA TTY # is (815) 939-7346