



ONE-TIME LATE PAYMENT

28

NAME(S): _____
 ADDRESS: _____ UNIT: _____
 CITY: _____ STATE: _____ ZIP: _____

The undersigned agrees that the monthly rent shall be paid on _____ for this month **ONLY**.

RENT DUE: \$ _____
 LATE CHARGE: \$ _____
 TOTAL TO BE PAID: \$ _____

The owner/agent may terminate the tenancy for non-payment of rent based on a termination notice. Such a notice may be served prior to the agreed upon payment date.

 Owner/Agent Date

 Tenant Date

 Tenant Date

 **Equal Housing Opportunity**
 WARNING: No portion of this form may be reprinted without written permission of the Oregon Rental Housing Association, Inc.
 © Copyright 2007 Rev. 1/07

Oregon Rental Housing Association, Inc.

PREVIEW ONLY