PARTIAL PAYMENT RECEIPT

TENANT(S): _____ DATE:_____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

PARTIAL PAYMENT RECEIPT

Tenant has made a partial payment of rent for the month of _____, 2_____ in the amount of $_____.

Landlord and Tenant agree that the acceptance of this partial payment of rent does not waive the right of Landlord to evict Tenant if the Tenant does not pay the balance of the rent in the amount of $_____ by _____ at_____.
(Date) (Time)

Landlord and Tenant further agree that if Tenant does not pay the balance of the rent by the date and time indicated above, Landlord may pursue eviction of the tenant.

_____ _____
Landlord Date: Tenant Date:

PREVIEW ONLY

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