

Tenant Payment Plan Request Form

Legacy Rental Management LLC

Address: 702 North Church Street, Hazleton PA 18201

Phone: 570-497-4711

Email: office@legacy-rentalmanagement.com

Tenant Information:

- Full Name: _____
 - Address (Property Unit/Number): _____
 - Phone Number: _____
 - Email Address: _____
-

Lease Details:

- Lease Start Date: _____
 - Lease End Date: _____
 - Monthly Rent Amount: _____
 - Outstanding Amount Due: _____
 - Date of Request: _____
-

Reason for Payment Plan Request:

Please provide a detailed explanation for your request to establish a payment plan (check any that apply and provide details):

- Temporary job loss or reduction in income**
Details: _____

 - Medical emergency or health-related issue**
Details: _____

 - Unexpected financial burden (e.g., car repairs, family emergency)**
Details: _____

-

- Other (Please Specify):** _____
Details: _____

Proposed Payment Plan:

- **Total Outstanding Balance:** _____
 - **Initial Payment Amount (if any):** _____
 - **Proposed Monthly Payment Amount:** _____
 - **Proposed Start Date for Payment Plan:** _____
 - **Proposed End Date for Payment Plan (if applicable):** _____
-

Supporting Documentation:

Please attach any relevant documentation that may support your request (e.g., proof of financial hardship, medical bills, pay stubs, etc.).

Terms & Conditions:

1. The tenant agrees to the proposed payment plan, subject to approval by the property management company.
 2. The payment plan is temporary and does not waive the tenant's obligation to pay the full amount owed.
 3. Failure to comply with the terms of the payment plan may result in the cancellation of the agreement and further action by the property management company.
 4. Any deviation from the agreed payment plan must be communicated in writing to the property management company.
 5. Additional terms may be added by the property management company upon approval of this request.
-

Acknowledgment:

I, the undersigned tenant, certify that the information provided above is true and accurate to the best of my knowledge. I understand that this request does not guarantee approval of the proposed payment plan, and the property management company may request additional information or propose alternative terms.

Signature: _____

Date: _____

For Office Use Only:

- Date Received: _____
- Payment Plan Approved: [] Yes [] No
- Approved Payment Plan Terms: _____

- Additional Notes: _____

- Processed By: _____

- Date Processed: _____