



# My Home Housing Program

Milwaukee County

## REPAYMENT AGREEMENT

This Repayment Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between \_\_\_\_\_ (hereinafter known as "Tenant") and Milwaukee County My Home Housing Program.

The *Statement of Responsibilities* form states:

*"I fully understand and agree to the following:*

*"I understand that I must report, in writing, any decreases or increases in household income within ten (10) days during the lease year." and*

*"I understand that I must reimburse the My Home Housing Program for any overpayment of housing assistance resulting from any failure to report income changes that occur."*

Notice is hereby provided that failure to enter into this Repayment Agreement may terminate the Tenant from the My Home Housing Program.

### Tenant and My Home Housing Program acknowledge and agree to the following:

1. My Home Housing Program has paid overpayments in the amount of \$\_\_\_\_\_. These payments reflect an overpayment made during the period: \_\_\_\_\_.
2. The *Statement of Responsibilities* provided notice to the Tenant that payments made on behalf of the Tenant must be repaid to My Home Housing Program.
3. Tenant agrees that the amount of \$\_\_\_\_\_ is owing to My Home Housing Program.
4. Effective this date, on or before the 10th of each month, beginning on \_\_\_\_\_, Tenant agrees to repay My Home Housing Program the amount of \$\_\_\_\_\_ for \_\_\_\_\_ months, with a final payment of \$\_\_\_\_\_, until the amount of \$\_\_\_\_\_, has been repaid in full.
5. Tenant acknowledges that the monthly amount to be paid to My Home Housing Program is in addition to current utility payments or rent payments made to the Tenant's current landlord; **and that this is the only notification Tenant will receive as to the amount due.**
6. Tenant will be considered in default of this Agreement if Tenant misses two consecutive monthly payments. Tenant acknowledges that in the event of default, participation in the My Home Housing Program may be terminated.

Tenant:

My Home Housing Program

By: \_\_\_\_\_

By: \_\_\_\_\_

Mail payments to:

Milwaukee County My Home Housing Program  
600 W Walnut St, Suite 100  
Milwaukee, WI 53212

