



I/We, **Robert S.** acknowledge that the Housing Authority of the County of DeKalb has overpaid subsidy to the landlord, **Hometown Property Mgmt** on my/our behalf while I/we were tenants at **Sycamore IL 60178**. The amount of overpaid subsidy, **\$390.00** was paid by HACD as a result of unreported income from **monthly TANF benefits** received from **October 15, 2021 to January 31, 2022**.

TERMS OF REPAYMENT AGREEMENT

- For families continuing participation in the HCV Program while a repayment agreement is active, a voucher enabling the family to move and receive subsidy in a new unit will not be issued until this claim is paid in full.
- Acceptable methods of payment include money orders or cashier's checks only. HACD will not accept payments in the form of cash or personal check.
- Families must contact HACD for prior approval if payment will not be made as scheduled. Contact the Finance Department at 815-758-2692 x132.
- A payment will be considered late if not received by the close of business on the 15th day of each month that the agreement is in effect, and prior approval has not been granted. If the 15th does not fall on a business day, the payment is due by the close of business on the first business day following the 15th of the month. Delinquency notices will be sent for unexcused late payments providing the family with 10 business days to make the late payment.
- If, in a 12-month period, a family receives 3 delinquency notices for unexcused late payments not received by the 15th (regardless of whether payment is eventually received by the 10th business day provided in the delinquency notice), the Repayment Agreement will be considered to be in default, and HACD will terminate assistance upon written notification to the family.



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- Payments not received by the date specified on the delinquency notice will be considered to be a breach of the Repayment Agreement and will result in termination of assistance upon written notice to the family.
- The terms of the repayment agreement may be renegotiated if the family's income increases or decreases. If the family requests a repayment decrease due to a decrease of income, it must provide satisfactory evidence that the debt imposes an undue hardship. HACD will consider all relevant factors and will maintain sole discretion in its decision to grant such requests.

I/We agree to pay back the full amount of **\$390.00** with a 10% down payment of **\$39.00** and by making minimum monthly payments of **\$29.00** per month on the 15th day of every month beginning **May 2022**. I/We understand that failure to repay this debt can result with the Housing Authority of the County of DeKalb turning this matter over to the **DeKalb County State's Attorney's Office for prosecution**. **The Housing Authority of the County of DeKalb will use any and all means to collect this debt.** I/We further understand that I/we are responsible to pay the family's monthly share of rent to the owner of the assisted unit *in addition to* the above amount due in accordance with the Repayment Agreement with the Housing Authority of the County of DeKalb.

Date _____ Head of Household _____

Date _____ Spouse or Other Adult _____

Date _____ HCV Case Manager _____

