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| **RENT ARREARS AGREEMENT** |

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| **To** | Housing Officer, HAIL | | | |
| **Name of Tenant** |  | | | |
| **Date** |  | | | |
| **Weekly Rent** |  | | | |
| **Rent Arrears** | € | **At <date>** | | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |
| I / We agree to pay € \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week in addition to my weekly rent.  My/our weekly payment will now amount to € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First payment will be made on \_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_ and will continue until the arrears have been cleared in full.  Payments will be made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I/We understand that failure to comply with this agreement may result in legal action being taken against me/us and further charges onto my bank account. | | | | |
| **Signature – Tenant** | | | **Signature – Joint Tenant** | |
|  | | |  | |
| **Date:** | | | **Date:** | |
| **Signature of Witness:** | | |  | |
| **Please return completed form to:**  **HAIL, Central Hotel Chambers**  **Second Floor, 7-9 Dame Court, Dublin 2**  **Tel: 01- 671 8444 Web: www.hail.ie** | | | | |