## PARTIAL PAYMENT AGREEMENT

Residential

<b>NOTE:</b> This form is used by a residential landlord or their agent when accepting partial payment of delinquent rent and temporarily deferring any eviction activity, to document the terms for payment of the remainder of the delinquent rent and preserve the right to continue any eviction process underway if the tenant defaults.	
DATE:, 20, at	, California.
Items left blank or unchecked are not applicable.	
FACTS:	
1. This partial payment agreement pertains to the agreement	collection of past due rent under a residential rental or lease
	, California,
	, as the Tenant,
1.3 and	, as the Landlord,
1.4 regarding the premises referred to as	
AGREEMENT:	
2. Tenant has not paid the full rent due for the month(s)	) of t due rent in the amount of
4. The balance of the unpaid rent owed by Tenant is	
<ul> <li>4.1 Plus late charges for delinquency of\$\$</li> <li>4.2 Plus deferred rent processing charge of\$\$</li> </ul>	
4.3 <b>TOTAL deferred rent</b> due, including additiona	al charge, is the sum of
5. Tenant to pay the total deferred rent on or before, 20	
5.1 Rent to be paid by $\Box$ personal check, or $\Box$	
5.2 Rent may be tendered by  mail, or  personal delivery, to:	
(Name) (Address)	
	(Address)
	(Phone)
a. Personal delivery of rent will be acce	
to on the following days:	
5.3 Rent may also be paid by deposit into account numberat: (Financial Institution)	
	(Phone)
5.4 No grace period for payment of the deferred rent is granted to Tenant.	
5.5 Delinquent payment of the deferred rent incurs a late charge of \$	
6. If the deferred rent is not paid when due, a three-day notice to pay rent or quit may be served at any time. [See RPI	
<ul><li>Form 575 and 575-1]</li><li>7. No provision of the rental or lease agreement is affected by this agreement.</li></ul>	
8	cied by this agreement.
l agree to the terms stated above.	I agree to the terms stated above.
Date:, 20 Landlord:	Date:, 20
Agent:	Tenant:
÷	
	Signature:
	Tenant:
Signature:	Signature
Address:	Signature: Address:
Phone: Cell:	
Fax:	Phone: Cell:

FORM 559

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