



OREGON
**EMERGENCY COVID-19 GRACE PERIOD
VOLUNTARY ALTERNATE PAYMENT PLAN**



DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SAMPLE

You have a nonpayment balance of \$ SAMPLE. The alternate payment plan is as follows and is voluntary.

DUE DATE	AMOUNT	DUE DATE	AMOUNT
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
<u>SAMPLE</u>	\$ <u>SAMPLE</u>	<u>SAMPLE</u>	\$ <u>SAMPLE</u>

X SAMPLE
RESIDENT

X SAMPLE
RESIDENT

X SAMPLE
RESIDENT

SAMPLE
DATE

SAMPLE
DATE

SAMPLE
DATE

X SAMPLE
RESIDENT

X SAMPLE
RESIDENT

X SAMPLE
RESIDENT

X SAMPLE
OWNER/AGENT

SAMPLE
DATE

SAMPLE
DATE

SAMPLE
DATE

SAMPLE
DATE