

SKC Student Housing
Payment Plan Agreement Request

Student Name _____

Student ID# _____

Unit # _____

Date _____

REQUEST:

I, the Student Tenant, understand that it is my responsibility to comply with the following payment plan. I understand that I may be evicted from SKC Student Housing if I do not make the necessary payments.

I also understand that if I receive any funding, all debts due Salish Kootenai College will be paid in full before any funding is released to me.

Payment Date

Amount

1. _____

2. _____

Student Signature

SKC Student Housing