



# FORT BELKNAP HOUSING AUTHORITY

668 Agency Main Street  
Harlem, Montana 59526  
Phone: (406) 353-2601  
FAX: (406) 353-4975

**Low Rental:** \_\_\_\_\_  
**Mutual Help:** \_\_\_\_\_  
**Arra Duplex:** \_\_\_\_\_  
**Emerg. Assist:** \_\_\_\_\_

## WAGE AGREEMENT

DATE: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_ MONTHLY CHG:\$ \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I owe \$\_\_\_\_\_, in rent/back charges, \$\_\_\_\_\_ Security Deposit and \$\_\_\_\_\_, (\_\_\_\_\_). As an employee of the Fort Belknap Tribes and adhering to the standards of conduct of good ethical practices, I authorize the FB **Tribal Finance Department** to deduct from my salary the following amount each pay period.

Amount of \$\_\_\_\_\_ Bi-Weekly beginning P.P. #\_\_\_\_\_ until my past due account is paid in full. \_\_\_\_\_ (Initial)

Once account is caught up the payroll deduction will be **READJUSTED** to monthly charge only.

Should I leave the employment, or be terminated, for any reason, I specifically agree that the Finance Department shall have the right to withhold all balances remaining on my payroll deduction, as is necessary to fully satisfy the payback arrangements.

If I am eligible for unemployment/workmen's compensation benefits, the Fort Belknap Housing Authority is authorized to deduct \$\_\_\_\_\_ bi-weekly in benefits received from the Fort Belknap Insurance Company.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee Signature:    Soc. Sec. No.    Date

\_\_\_\_\_  
Tribal Finance Signature    Date

\_\_\_\_\_  
Pearl Gray Boy, Occupancy Compliance Officer    Date

\_\_\_\_\_  
Harlan Mount, Executive Director    Date

**FINANCE OFFICER: Payments will not be waived unless authorized by Occupancy Manager.**

**Mary Adams or Vivian Herschel: Finance Fax: 353-2797**