



# FORT BELKNAP HOUSING AUTHORITY

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

<b>Low Rental:</b> _____
<b>Mutual Help:</b> _____
<b>Tax Credit:</b> _____
<b>Arra Duplex:</b> _____

## 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 Housing Authority and adhering to the standards of conduct of good ethical practices, I authorize the **Housing 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: Employee I.D. No. Date

\_\_\_\_\_  
 Housing 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.**