

# Lorain County Department of Job and Family Services

## Repayment Agreement for Recovery Account

Mailing Date:

Date this form is due back to the agency:

This is a repayment agreement between the Lorain County Department of Job and Family Services and the following liable individual(s):

NAME OF LIABLE INDIVIDUAL:

CONTACT NUMBER:

NAME OF LIABLE INDIVIDUAL:

CONTACT NUMBER:

Name on Recovery Account:

Address on Recovery Account:

Case Number:

Claim Number:

Balance of Overpayment Due:

As of (date):

**Monthly Payment Amount: \$**

**Monthly Due Date:**

Notice: The County Agency has established the monthly payment amount and the due date as noted above. Payment must be posted to the recovery account by the due date each month. The due date is permanent until the claim is paid in full or a subsequent agreement is approved by the County Agency.

**\*\*\* If you are currently on benefits, a recoupment of either 10% or 20% for an IPV will be deducted to serve as payment on this claim. Should you stop receiving benefits for any amount of time, this payment agreement will go into effect.**

**AGREEMENT:**

*I agree to pay the amount listed above by the due date each month until the balance is paid in full. I understand that failure to make the payment by the designated due date will cause this recovery account to be considered delinquent causing this agreement to be null and void. Upon delinquency, the full balance will be due immediately; otherwise, other collection action will be taken by the agency including garnishments and offsets.*

*I understand if I become eligible for benefits and payments are made by benefit reduction, but then eligibility ends and payments are no longer taken by benefit reduction, I am responsible for making monthly payments by the due date each month as designated on this form. This due date is valid each time eligibility and benefit reduction ends.*

**Please sign and return this form to the County Agency by the due date at the top of this form.**

**If you have any questions, please call the Agency Contact listed below:**

**Failure to sign and return this form does not relieve you from your obligation to make payments by the designated Due Date. Other collection action will be initiated if payment is not received by the Due Date.**

Agency Contact::

Agency Contact Phone: 440-284-

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_