



CHILD CARE GRANT PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

CHILD CARE GRANT PROGRAM FINANCIAL REPAYMENT AGREEMENT

This agreement was prepared and entered into this _____ day of _____, 20_____, by _____ wherein the individual acknowledges this indebtedness to the State of Alaska, which occurred during the period of _____ through _____ as set forth in the financial obligation portion of this agreement.

FINANCIAL OBLIGATION

This individual agrees to resolve this indebtedness in the amount of \$ _____ according to the prescribed schedule:

I understand that monthly payments will be deducted from my Child Care Grant Reimbursement payments in the amount of \$ _____ for the period through _____ to repay the above debt amount. I further understand and agree that should my participation in the Child Care Grant Program end payments may be deducted from my Child Care Assistance payments for the above identified amount and period. If my participation in both the Child Care Grant and Child Care Assistance Programs end I will make payments directly to the Child Care Program Office in the monthly amount of \$ _____ beginning on _____ (Month/Day/Year) and continue until the debt is repaid.

Failure to comply with an established Financial Repayment Agreement may result in further collection and or sanction actions supported in 7 AAC 39.055.

Payment may be made in full at any time. Program participation is contingent upon timely receipt of payments.

Obligator's Printed Name

Obligator's Signature

Date

SUBSCRIBED and SWORN to before me this _____ day of _____ 20_____.

NOTARY PUBLIC

My Commissions Expires