

Shared Debt Accountability Agreement

Date: [Insert Date]

To: [Insert Recipient's Name]

Address: [Insert Recipient's Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Recipient's Name],

This letter serves to outline the details of our shared debt accountability concerning the [insert description of the debt, e.g., joint loan, credit card, etc.]. We both acknowledge that we are equally responsible for the repayment of this debt, and it is essential that we maintain transparency in managing our financial obligations.

Debt Details

- **Debt Amount:** [Insert Total Debt Amount]
- **Creditor:** [Insert Creditor's Name]
- **Account Number:** [Insert Account Number]
- **Monthly Payment:** [Insert Monthly Payment Amount]
- **Due Date:** [Insert Due Date]

Payment Responsibilities

We agree to divide the repayment responsibilities as follows:

- **[Your Name]:** [Insert Your Payment Responsibility]
- **[Recipient's Name]:** [Insert Recipient's Payment Responsibility]

Communication

It is crucial that we communicate regularly regarding any changes in our financial situation or if difficulties arise in making our respective payments. We agree to keep each other informed of any potential issues as soon as possible.

Agreement Confirmation

By signing below, both parties acknowledge and agree to the terms outlined in this letter pertaining to the shared debt accountability.

[Your Name] [Recipient's Name]

Date: _____ Date: _____

Thank you for your commitment to ensuring we manage our shared obligations responsibly.

Sincerely,

[Your Name]