



## **Resident Agreement**

Program status: Entrance to Program 6 month 1 year 1.5 year

To all parties concerned, let it be known that \_\_\_\_\_ understands and agrees to the terms listed below in this contract in order to participate in the Serenade Heights, Inc Transitional Housing Program. I understand that failure to comply with the terms herein agreed upon will result in departure from the program and may result in legal consequences.

The terms of this agreement for residential and assessment services are for 6 months up to no more than 2 years from the signed date of this document. I understand that this agreement will be renewed every 6 months to check for compliance and agreement to renew by both parties. During this period, families will receive supportive services to assess their current needs and develop a plan of action, including immediate employment and school attendance for all school aged children. \_\_\_\_\_

If I am unemployed, underemployed, or working less than full-time, I will meet with Serenade Heights' coaches within 7 days to begin a job search and employment readiness training. Weekly meeting with personal coach as well as scheduled skill workshops are mandatory. \_\_\_\_\_

I agree to apply for any and all services and entitlements that I qualify for, including but not limited to child support, food stamps, and medical coverage, and to disclose this information. In addition, all income minus mandatory expenses (as determined by personal coach) will be placed in a savings account until move out. \_\_\_\_\_

While in the Serenade Heights Transitional Housing Program, I understand that I am required to participate in life skills development programs and assessment meetings and work towards self sufficiency goals, as outlined at admission. \_\_\_\_\_

Any family member owning or operating an auto will have the car properly registered and licensed according to the state laws and the vehicle will carry current and valid insurance. My family and I agree to not operate a vehicle that does not comply with these requirements. \_\_\_\_\_

I agree that there will be no overnight male guests in any Serenade Heights Transitional Housing without the permission of the Executive Director and personal coach. \_\_\_\_\_

I agree to maintain my purity while a resident in the Serenade Heights Transitional Housing Program. \_\_\_\_\_

I will take responsibility for my children and provide close supervision at all times. \_\_\_\_\_

A drug screen is required of all adults and adolescents prior to entrance into the program. I will participate in drug screening at admission and at any time required by Serenade Heights, Inc. staff. I

understand that a positive drug screen will result in immediate termination from the program without warning. \_\_\_\_\_

Spontaneous inspections will be conducted of each housing unit. I will care and clean for my home and leave it just as I found it at move-in. \_\_\_\_\_

All residents are required to be fully dressed when outside the residences. \_\_\_\_\_

I will not possess or consume alcoholic beverages nor possess or use illegal drugs while residing at Serenade Heights. \_\_\_\_\_

A criminal background check is required as part of the application process. An arrest of an adult while in the program is cause for immediate termination from the program without warning. \_\_\_\_\_

I understand that weapons are not permitted on site. \_\_\_\_\_

Any evidence of family violence or abuse will result in a report to the proper authorities. \_\_\_\_\_

I am responsible for any damage I or my children cause to any Serenade Heights Residence. \_\_\_\_\_

Serenade Heights, Inc. is not responsible for any lost or stolen items. \_\_\_\_\_

Serenade Heights Residences shall be used for residential purposes only and shall be occupied only by the persons named in the Serenade Heights Agreement. Substitution or addition of any residents will be allowable only with prior written consent of the Serenade Heights staff. The premises shall be used so as to comply with all state, county and municipal laws and ordinances. Residents shall not use their home or permit it to be used for any disorderly or unlawful purposes or in any manner so as to interfere with either the administration of

Serenade Heights and its goals or other neighboring families' enjoyment of their residences. \_\_\_\_\_

The resident shall indemnify and hold harmless Serenade Heights and its Board, employees, and volunteers from all liability for death or injury to any person or loss or damage to the property of any person resulting from the use of the property by the resident. \_\_\_\_\_

I understand that since I am subletting this housing from another lessor, that all lease requirements between Serenade Heights, Inc. and the Lessor will be adhered to and I will be held accountable to obey all stipulations. \_\_\_\_\_

I understand that necessary information will be shared with a personal coach and/or mentor team assisting me in the accomplishment of my empowerment plan. I agree to the sharing of this information. \_\_\_\_\_

I agree to allowing my photograph and those of my family be used in promotional and fundraising purposes of Serenade Heights. \_\_\_\_\_

I understand that federal, state, and local governments require grant recipients (i.e: Serenade Heights, Inc.) to provide basic client information in order to receive funding. I agree to the sharing of this information. \_\_\_\_\_

Falsification of information or the withholding of information pertinent to the provision of the Serenade Heights program constitute a violation of this contract and may be grounds for termination. \_\_\_\_\_

If this agreement is violated, it is subject to immediate termination and you agree to vacate the premises within 48 hours. \_\_\_\_\_

I agree to comply with any Medical or Mental health recommendations that are necessary for me to complete my Case Plan. (i.e counseling, therapy, mental health medication, specialist visits for me or my children. \_\_\_\_\_

I agree to produce any documents concerning my finances to assist in financial management goals (i.e. tax returns, pay stubs, bank statements, savings accounts). \_\_\_\_\_

I understand that failure to attend my weekly Life Coaching session will result in an additional \$30.00 fee to my rent. \_\_\_\_\_

I understand that significant others (ex. boyfriend, fiancé, love interest) will not be permitted in my home or on the property while I am in the program. Noncompliance can result in in program and housing termination. \_\_\_\_\_

I understand that transparency with my Life Coach is expected of me in any dating relationship.  
\_\_\_\_\_

I will give access to viewing social media accounts to staff. \_\_\_\_\_

Subject to compliance with the provisions contained hereinabove, this contract is in effect for 6 months from the signed date below. I agree to abide by these requirements and to ensure that my children are also in compliance.

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Resident signature                                      date                                      SH Staff signature

Ammdended 12/5/17