

**Residency Agreement**

The following terms and agreement are to be read and fully understood by the undersigned resident of the HORIZON HOUSE program.

1. HORIZON HOUSE is providing the undersigned resident, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a place to reside in their sober living facility located at **219 East 3rd Street, Duluth, MN 55805 and/or**

**612 N. 60th Ave W Duluth MN 55807 and/ or 2626 Ogden Ave. Superior WI. 54880** for a contracted Program fee.

2. The undersigned understands that they shall live in the facility under the agreed upon contractual terms and rules as provided and explained and may terminate their residence upon the completion of a minimum of 120 daysstay and a 30-day written notice.

3. HORIZON HOUSE is providing a sober living facility only and does not provide any counseling, nor restrict the undersigned from making their own personal choices as long as they do not violate facility rules as outlined in their contract for residence.

4. HORIZON HOUSE will provide a housing facility in normal condition and shall not be held liable by the undersigned for any injury or loss to the resident, or their belongings. The undersigned, by and through their signature, acknowledges that they are responsible for any injury or accident and will forever hold harmless HORIZON HOUSE unless said provider is negligent in the cause of the loss.

5. The undersigned understands that HORIZON HOUSE carries only insurance to cover the dwelling and business assets located in the dwelling. We encourage you to purchase

Renters insurance.

6. **You agree that you are a participant in a program and not a tenant. You agree that you are not protected by, nor will you invoke any protection of local landlord/tenant laws. If it is found that local landlord tenant laws apply, you hereby renounce any rights that you may or may not have arising under the same.** **If you are not compliant with the house rules or are not engaged in a responsible recovery program, you may be directed to leave. Decisions are made on an individual basis with consideration for the safety of the entire community, as well as the needs of each individual.** **If your residency is terminated, your program deposit will be forfeited.**

**We will notify your emergency contact and probation/parole officer. If you leave any personal belongings after discharge or termination, we are only able to store them for 60 days, and after the 60 days they will be discarded.** \_\_\_\_\_\_\_ Initial acknowledgement

**7.** Program fee and Deposit fee.

You must be able to provide proof of income. Program fee is due on the first day of the month in the sum of $700.00, The first month program fee and a program deposit fee of $350.00 is required prior to or at move in. If program fee is **not received** by the 5th of the month a late fee of $25.00 will be assessed (NO EXCEPTIONS). All program fees and charges shall be paid only in the form of cash, check, money order, or approved online system Venmo. If program fee is paid by a resident, after the 5th of the month, for two consecutive months, that resident may be terminated from *Horizon House* *Sober Living* and will not be refunded their program deposit.

\_\_\_\_\_\_\_\_\_\_ Initial acknowledgement

 **8.** The undersigned agrees to stay 120 days and give a 30-days written notice to end their residency by the 1st of the month before you plan on moving. Any costs associated with cleaning your room or issued linen, or damages will be deducted from your program deposit.

9. The undersigned agrees to be law abiding at all times while living at Horizon House.

 If you get a new charge you can be terminated, this is on a case by case situation.

 If you have a active warrant you must turn yourself in.

**Drug Screen/Test**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I can be tested for Drugs and/or Alcohol at any time, for any reason, per my agreement with HORIZON HOUSE. I am aware and have full knowledge that the person(s) administering the test(s) are staff and House Lead not medical personnel. I am also aware that if I test positive, refuse compliance, or attempt to cheat/circumvent the test in any way**, I may be terminated** from the HORIZON HOUSE program and required to leave the premises immediately. My signature below indicates my understanding and consent.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_