



Primary Program Financial Agreement

Resident: _____

Admission Date: _____ Soc. Sec. #: _____

- General Living Expenses (GLE) are \$125/week or \$500/month
Fees include housing and utilities, all scheduled programming, and program administration. Additional charges for excessive or additional utility cost may apply and will be prorated among residents.
- I understand that there is a *non-refundable* Application Fee of \$125.
- I understand that I may pay fees on a weekly or a monthly basis. Fees are due on the 1st of each month if paying on a monthly basis. If paying on a weekly basis, I understand that I must stay **one week ahead**. GLE must be paid in full every Friday night by 10PM. I understand it is my responsibility to be proactive in paying my GLE, therefore, *if staff has to approach me and ask for GLE, I will incur a \$10 fine.*
- I understand that I may NEVER carry a balance on my account unless prior authorization from the director has been completed.
- I understand that there is a **\$20 late fee per week** for fees not paid on time.
- I understand that I have the ability to pay in cash, check, or credit card (through a third party such as PayPal, Venmo, Cash app etc.), however, any fees incurred are to be paid by resident.
- I understand that if I have insufficient funds when paying by personal check there will be a \$40 fee.
- I understand that if I am found in violation of the rules and immediate termination from the program exists, I will not be refunded any GLE that has already been paid.
- I understand that any monies already paid toward GLE are non-refundable upon my dismissal or removal from the program whether it be voluntary or involuntary.

In acceptance of the FINANCIAL AGREEMENT with HOMTC, I agree that to qualify for HOMTC, I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from HOMTC. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyer fees if required.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered, I severely promise to pay HOMTC all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____