**Our House of Hope LLC**

**Financial Agreement**

Let it be known that as of today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Our house of Hope @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has agreed to accept **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, as a resident of our facility under the following terms and conditions agreed upon by both parties (1) the facility and (2) the resident or his/her responsibility party. The agreed monthly rate will be **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

1. All financial arrangements must be finalized prior to or on the day admission
2. Place of payment: Rent may be delivered to the home or to Our House of Hope located at 10592 Fuqua St. Ste A-282 Houston TX 77089 Zelle payments are also acceptable using 832-594-6587 or rebecca082878@gmail.com
3. Monthly fees are based on the typical (30) days month and will be prorated daily using the same thirty (30) days in a month scale.
4. Monthly rent is payable on the first of the month; any payment received after the fifth (5) of the month is subject to a late fee of $25 and $5 per day until rent is paid in full.
5. Room and board will be refunded in a reasonable amount of time if the resident or his/her responsible party has given us written notice thirty (30) days in advance of the date of departure. Move-outs with no prior 30-day notice given are subject to NO REFUND.
6. This facility agrees to provide the following services for the residents at the above stated monthly rate
	* + Room and Board (including meals)
		+ Home Management Services
		+ Medication Management
7. Should any additional services, such as the ones listed below, become necessary, the resident or his/her responsible party can request help from our business office in deciding and working out details. Arrangements can be made for the following services:
	* + Social Referrals
		+ Arranging Transportation for Regular Medical Appointments
		+ Home Health Nurse Referrals
		+ Dental Care Referrals
		+ Primary Care Medicine Referrals
		+ Mental Health Referrals
8. Facility address also may serve as mailing address
9. By signing this agreement, I agree to adhere to the Client Guidelines for Supervised Living, or I understand and agree to move out of the facility immediately at the facility’s request.

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

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

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

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