



COGNITIVE RESTRUCTURING, LLC

Housing Agreement

343 E. Bonneville
Pocatello, ID. 83201

Landlord: Cognitive Restructuring-Foundations for Recovery

Landlord Address: 707 N. 7th Ave., Ste. D, Pocatello, ID. 83201

Landlord Phone: 208-242-3044

Deposit: \$50.00

This is non-refundable one-time administrative fee. Due before move-in following program acceptance.

Monthly Rent Total: \$350.00 **

Monthly Program Fee: \$100.00**

Prorated Amount: \$ _____

***Payment in full is due by the 5th of each month, failure to pay will result in late fees or possible program discharge. After the 5th of each month if payment is not received there will be a late fee charge of \$5.00 per day. Optional payment arrangements can be made with the Program Director. House Guest is responsible for keeping a record of monthly rent receipts. Monthly rent and program fee are non-refundable.*

Monthly Payment Plan (see attached)

Funding Source

(Please select the residents funding source, determined prior to client's acceptance into the program)

<input type="checkbox"/>	<i>Self-Pay</i>
<input type="checkbox"/>	<i>Idaho Department Of Corrections</i>
<input type="checkbox"/>	<i>BPA Safe and Sober Housing</i>
<input type="checkbox"/>	<i>Housing Assistance from BPA</i>

I understand that while a resident at Foundations of Recovery I will be required to comply with the mandatory drug testing as conditions of my residency. Failure to comply with the housing requirements will result in disciplinary actions up to and including immediate discharge from the program.

I understand that Foundations of Recovery Program is not part of the Idaho Housing Authority and therefore is not subject to the Idaho Fair Housing Act. Foundations of Recovery is not long term housing and may include a maximum occupancy time limit.



COGNITIVE RESTRUCTURING, LLC

By signing below I acknowledge my understanding of the Housing Agreement. I agree to comply with the program requirements and to pay the housing fees on or before their due date unless otherwise noted in a resident specific Payment Plan that has been predetermined with the Program Director.

Client Printed Name

Signature

Date

Witness Printed Name

Signature

Date