



SOBER LIVING PROGRAM RESIDENTIAL RATE & RENTAL AGREEMENT

House: ☐ Tivy House ☐ Jefferson House

HOUSE LOCATIONS

The Tivy House – 828 Tivy Street – Kerrville, Texas 78028

The Jefferson House - 316 Jefferson St N, Kerrville, TX 78028

Resident Name: _____

Move-In Date: _____

PURPOSE AND SOBER LIVING COMMITMENT

Hill Country Sober Living LLC is committed to providing a safe, structured, supportive, and respectful sober-living environment where residents can experience fellowship, accountability, personal growth, and the benefits of recovery.

All residents of Hill Country Sober Living LLC must maintain **sobriety from drugs and alcohol** while residing in the home.

Residents are expected to participate actively in a **12-Step recovery program**. Residents are encouraged remain willing to receive constructive suggestions, and practice humility, love, tolerance, accountability, and respect toward fellow residents, House Managers, and Directors.

The purpose of these expectations is to create a safe and supportive environment for every resident.

TERMS

1. RENT, PROGRAM FEES & MOVE-IN FEES

The resident agrees to pay the applicable rental/program fees established by Hill Country Sober Living LLC.

Administrative Fee

Administrative Fee: \$200.00

→ The administrative fee is **non-refundable** and is due at the time of move-in.

Monthly Program Fee

Monthly Program Fee: \$650.00

Bi-monthly Program Fee: \$350.00

→ Monthly rent is **non-refundable** because the resident's room is reserved exclusively for them for the full month, regardless of whether the resident occupies the room for the entire rental period.

Monthly Program fees are due on the **1st day of each month**.

Bi-monthly Program fees are due on the **1st and the 15th day of each month**.

Prorated Program Fee

For residents moving into the residence during the middle of a payment period:

Prorated Program Fee: \$20.00 per day

Any applicable prorated program fee is due at the time of move-in.

Late Fee

A **\$15.00 per-day late fee** may be assessed when the monthly program fee is not paid by the due date, unless prior arrangements have been approved by the Director/Owner.

Residents experiencing difficulty paying their program fees must communicate with the Director/Owner **before the 1st of the month**.

2. PAYMENT METHODS

→ **Personal checks are not accepted.**

Preferred methods of payment are:

- Cash
- Money order – **Made payable to: Hill Country Sober Living LLC**
- Cash App
- Venmo
- Credit Card payment methods may be made available for family members or other approved individuals who are making payments on behalf of a resident, particularly when the family member lives out of town. → Processing fees may apply.

3. FINANCIAL RESPONSIBILITIES

Initials Required

_____ I understand that if my program fee is not paid on time, I may be placed on **house restriction** until my financial obligation is brought current.

_____ I understand that a **\$15.00 per-day late fee** may be assessed until my outstanding balance is paid in full unless prior arrangements have been made with the Director/Owner.

_____ I understand that I must communicate with the Director/Owner **before the 1st of the month** if I anticipate difficulty paying my program fee.

_____ I understand that residents who cannot fulfill their financial obligations may be required to make other living arrangements, subject to applicable law.

_____ I understand that monthly program fees are **non-refundable**, including when I voluntarily leave or am required to leave during a paid program period, except where a refund is required by applicable law.

_____ I understand that if I pay the full monthly program fee and subsequently leave the residence, whether voluntarily or as a result of a rule violation, the program fee will not be refunded solely because I did not remain for the entire payment period, except where otherwise required by law.

_____ I understand that there are no exception for overnight passes, if you are not current on fees. **NO PASSES WILL BE GRANTED** if fees are delinquent.

Resident Initials: _____

4. FIRE ALARM SYSTEM

Hill Country Sober Living LLC maintains a **zero-tolerance policy regarding intentional interference with, disabling, tampering with, damaging, or otherwise improperly using the fire alarm or fire safety system.**

Residents must comply with all fire safety requirements contained in the Program House Rules.

Any violation may result in immediate disciplinary action and may constitute grounds for termination of residency, subject to applicable law.

Resident Initials: _____

5. PERSONAL NECESSITIES AND HOUSEHOLD SUPPLIES

Residents are responsible for providing their own personal necessities, including:

- Toiletries;
- Laundry detergent;
- Towels;
- Bed linens;
- Food; and
- Other personal items.

Hill Country Sober Living LLC may provide certain starter supplies to assist residents during move-in.

The residence provides shared household supplies such as:

- Toilet paper;
- Cleaning products;
- Kitchen amenities; and
- Other common household supplies as determined by management.

Residents may also have access to a computer and printer for appropriate personal, employment, educational, or recovery-related purposes.

6. HOUSE RULES AND RESIDENT RESPONSIBILITIES

The House Rules for Hill Country Sober Living LLC are clearly posted in the Program House Rules and Expectations.

By signing this agreement, I acknowledge that I have been provided access to the House Rules, have had an opportunity to review them, understand their requirements, and agree to comply with them at all times.

All House Rules and policies **must be followed at all times**.

Failure to comply with the House Rules or this agreement may result in:

- House restriction;
- Loss of privileges;
- Additional disciplinary action;
- Termination of residency; or
- A requirement to vacate the residence, subject to applicable law.

Resident Initials: _____

7. ZERO-TOLERANCE SOBRIETY POLICY

Hill Country Sober Living LLC maintains a **zero-tolerance policy**. House policies, rules and disciplinary consequences can be found in the following policies and procedures:

HCSL1001 – RELAPSE ACCOUNTABILITY POLICY AND PROCEDURE

HCSL1002 – DISSORDERLY CONDUCT POLICY AND PROCEDURE

HCSL 1003 – RESTRICTION ACCOUNTABILITY POLICY AND PROCEDURE

HCSL1004 – PROGRAM DISCIPLINARY DOCUMENTATION POLICY AND PROCEDURE

By signing this agreement, I acknowledge that I have been provided access to the stated above Policies #1001, #1002, #1003, and #1004 and have had an opportunity to review them, understand their requirements, and agree to comply with them at all times.

All Hill Country Sober Living LLC policies and procedures **must be followed at all times**.

Failure to comply with the House Rules or this agreement may result in:

- House restriction;
- Loss of privileges;
- Additional disciplinary action;
- Termination of residency; or
- A requirement to vacate the residence, subject to applicable law.

Resident Initials: _____

8. RANDOM DRUG AND ALCOHOL TESTING

Drug and alcohol testing may be administered on a **random basis to all residents**.

Residents agree to cooperate fully with testing procedures established by Hill Country Sober Living LLC as stated in the following policies and procedures:

HCSL1001 – RELAPSE ACCOUNTABILITY POLICY AND PROCEDURE
HCSL1002 – DISSORDERLY CONDUCT POLICY AND PROCEDURE
HCSL 1003 – RESTRICTION ACCOUNTABILITY POLICY AND PROCEDURE
HCSL1004 – PROGRAM DISCIPLINARY DOCUMENTATION POLICY AND PROCEDURE

Refusal to test, failure to comply with testing procedures, tampering with a test, or other violation of the testing policy may result in termination of residency and a requirement to vacate the premises, subject to applicable law.

Resident Initials: _____

9. TERMINATION OF RESIDENCY

If a resident violates the House Rules, sobriety requirements, financial obligations, or other terms of this agreement, Hill Country Sober Living LLC may take appropriate action, including requiring the resident to leave the residence, subject to applicable law.

If I am legally required to vacate the residence, I agree to leave the property in accordance with the applicable notice and termination requirements.

Failure to vacate when legally required may result in notification of law enforcement and/or pursuit of other remedies available under Texas law, (Pursuant to Texas Property code title VIII, chapter 91 section 91-001, subpart E, which provides for no notice of termination).

Nothing in this agreement is intended to waive or eliminate any notice, hearing, or other legal requirement that cannot legally be waived.

Resident Initials: _____

10. PERSONAL PROPERTY

Residents are responsible for removing all personal belongings when leaving the residence.

If personal belongings are left at the residence after departure, the resident must contact the Owner or House Manager promptly to make arrangements for retrieval.

Personal belongings remaining at the residence after **five (5) days** may be considered abandoned and may be donated, discarded, or otherwise handled as permitted by applicable law if the resident has not made prior arrangements with the Owner or House Manager.

Resident Initials: _____

11. INJURY, PERSONAL PROPERTY & INDEMNIFICATION

To the fullest extent permitted by applicable law, Hill Country Sober Living LLC, its Owner, Directors, House Managers, employees, agents, affiliates, and representatives shall not be responsible for the loss of or damage to a resident's personal property.

To the fullest extent permitted by applicable law, Hill Country Sober Living LLC, its Owner, Directors, House Managers, employees, agents, affiliates, and representatives shall not be responsible for medical or legal expenses incurred by a resident or the resident's guests as a result of an injury or other incident occurring at the residence, except to the extent responsibility cannot legally be waived or excluded.

The resident agrees, to the fullest extent permitted by applicable law, to hold the Owner/Director harmless from claims or damages arising from the resident's own acts, omissions, negligence, or the acts or negligence of the resident's guests.

Nothing in this agreement is intended to waive or limit any right, responsibility, or liability that cannot legally be waived or limited under applicable law.

12. REFUND POLICY

To reiterate the stated above, there is no refund on program fees for any reason.

- If you choose to leave or are asked to leave the program there is no refund.
- If you pay the monthly rate on the 1st and leave on the 2nd there is no refund.

13. RESIDENT ACKNOWLEDGMENT

By signing below, I acknowledge and agree that:

_____ I have read and understand this Resident Rental & Sober Living Program Agreement.

_____ I have been provided access to the Hill Country Sober Living LLC House Rules and agree to comply with them.

_____ I understand the sobriety requirements and zero-tolerance policy.

_____ I understand that random drug and alcohol testing may be conducted.

_____ I understand my financial obligations, including the monthly program fee, administrative fee, prorated fees, and applicable late fees.

_____ I understand that program fees are non-refundable except where a refund is required by applicable law.

_____ I understand that failure to comply with the House Rules, sobriety requirements, testing requirements, or other terms of this agreement may result in disciplinary action or termination of residency, subject to applicable law.

_____ I understand that continued residency at Hill Country Sober Living LLC is conditioned upon compliance with the requirements of the residence and applicable law.

By signing below, I affirm that the information provided in this agreement is accurate and acknowledge my responsibility to follow the rules, policies, and expectations of Hill Country Sober Living LLC.

14. EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

Secondary Emergency Contact: _____

Phone Number: _____

15. MOVE-IN PAYMENT RECORD

Administrative Fee: \$ _____

Prorated Program Fee: \$ _____

Monthly Program Fee: \$ _____

Deposit, if applicable: \$ _____

Total Amount Paid at Move-In: \$ _____

Payment Method:

☐ Cash

☐ Money Order

☐ Cash App

☐ Venmo

☐ Other: _____

RESIDENT INFORMATION

Printed Name of Resident: _____

Signature of Resident: _____

Date: _____

Cell Phone: _____

HOUSE MANAGER / DIRECTOR

Printed Name: _____

Signature: _____

Date: _____

HILL COUNTRY SOBER LIVING LLC

CONTACT INFORMATION

Owner: Bobby Pyle

Phone: 832-370-4763

For questions, problems, concerns, or financial arrangements, residents should contact the House Manager or Owner as soon as possible.