<Insert Company Letterhead>

Participant Financial Agreement

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Residence Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recovery Residence fees are $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/week or $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/month.

Fees include housing and utilities (additional charges for excessive or additional utility cost may apply and will be prorated among residents).

I understand that there is a Security Deposit of $ \_\_\_\_\_\_\_\_\_\_\_\_ and an Admission Fee of

$\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that the Admission Fee is non-refundable and that I may be refunded the Security Deposit if:

1. I fulfill the six (6) month minimum commitment
2. I have no major rule violations within 30 days prior to exiting
3. I give 30-day notice prior to exiting
4. I have caused no damage to property
5. I have no outstanding balance owed

I understand that I may pay fees on a weekly or a monthly basis. Fees are due on the first of each month if paying on a monthly basis. If paying on a weekly basis, I understand that I must stay a week ahead.

I understand that I may carry no more than a two week balance on my account.

I understand that there is a 10% late fee for fees not paid within five days of the due date.

In acceptance of the PARTICIPANT FINANCIAL AGREEMENT with (Insert Recovery Residence Name), I agree that to participate at (Insert Recovery Residence Name). I must adhere to the House Rules and make my scheduled payments when due. I further understand that failure to make payments when due may result in my being dismissed from (Insert Recovery Residence Name). Any unpaid account balance at the time of dismissal is subject to the cost of collection efforts and attorney fees if required.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered, I promise to pay (Insert Recovery Residence Name) all its charges rendered to me from admission to dismissal. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

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

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