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# **Resident Fee Agreement (Form 2)**

The Cedar River Haven fee is $125 per week with a $150 deposit. The deposit and the first week's fees are $275 are due upon admission and is the sole responsibility of the new resident unless a 3rd party payee is involved. House fees will continue to be due one week in advance (**the resident will be paying for the upcoming week**.) If you cannot cover your house expenses because you have not been able to work (***not that you have turned down available work***) or you are in your first two weeks of residency and have not received enough pay, we can create a repayment plan for you. If there is an issue with a third-party payee bring this to the attention of Staff immediately.

It is understood that changes in Employment may take place, but the model of Cedar River Haven emphasizes becoming self-supporting. Barriers to recovery are increased by lack of work skills and poor work history. Our model was created to help correct these conditions so that the resident can contribute to their own financial future. The expectations are to show up for work on time, learn how to become a great employee and to take pride in the businesses created to support the mission of Cedar River Haven.

Our responsibility is to assist you with your Recovery, and financial challenges may arise during your time as a resident of Cedar River Haven. We are here to assist you if this situation comes up, it is especially important that you let Staff know as soon as possible. Any form of fee assistance (3rd Party) is to be approved by the Cedar River Haven Staff.

A 30 day notice must be given before moving out of Cedar River Haven, or the house fee deposit will be forfeit. No deposit of house fees will be returned for stays less than seven days. If a house recommendation has been made for you to seek alternative living arrangements due to your actions having been found to place the safety of the house or other residents at risk and in noncompliance with house guidelines, the deposit will be forfeit.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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

Recovery Residence Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_