MOUNTAINSIDE RECOVERY

Hope, Healing & Renewal

PO Box 392
Graysville, TN 37381
Phone: 423-567-0146

Resident Agreement

1) **House Rules:** I have received my own copy and agree to follow house rules during my stay at Mountain Side Recovery. Failure to do so will result in disciplinary action which may include removal from the property. This is a transitional living program, not a permanent residence. I agree to waive any rights to standard eviction proceedings or compensation. Maintaining a safe and sober environment conducive to recovery is a priority and I understand that this stipulation is necessary to maintain that environment.

2) **Program Fees and Payments:** I agree to pay weekly program fees of $250 per week, payable one week in advance, during my stay at Mountain Side Recovery properties. Mountain Side Recovery also requires a one-time, non-refundable, registration fee of $100 due upon enrollment on one of our programs or properties. All payments are non-refundable, including advance payments.

3) **Minimum Occupancy Period:** I agree to commit to a minimum stay of 3 months. Resident contracts must also be updated and renewed every 3 months.

4) **Vacancy Notice:** I agree to provide reasonable notice before vacating Mountain Side Recovery properties. One month or longer is preferred.

5) **Storage of Personal Items:** Residents have limited space in the residence. Storage of additional belongings will need to be obtained by the resident. Storage is not allowed in common areas. Belongings will not be held more than 48-hours after a resident vacates the residence. Mountain Side Recovery will not be responsible for any of resident's personal belongings.

6) **Lawful Compliance:** Due to the high number of people in recovery under the jurisdiction of the courts, probation or parole officers, police, officers of the court, must be allowed to visit Mountain Side Recovery properties at will. All residents must also remain in full compliance with requirements and recommendations of the courts and their agents while staying in Mountain Side Recovery programs.

Initial:_____

7) **Emergency Contacts:** Residents must provide at least 2 emergency contacts and will be responsible for updating any outdated information.

8) **Release of Information:** I authorize the release of relevant information to probation or parole officers, officers of the courts, or medical providers as deemed necessary by staff upon request.

9) **Release of Liability:** I release Mountain Side Recovery from any liability for injury or damage to personal property that may occur on Mountain Side Recovery property for any reason.

10) **Accountability:** I understand that I must remain accountable for my whereabouts at all times. I will attend all required gatherings, meetings, etc. I also agree to use the sign in/out sheets whenever I leave the property.

11) **Fees & Invoices:** Program fees are due before the week begins and must be turned in to the house manager and recorded on the weekly payment log. Invoices must be processed by the office so receipts will be given the following week.

Resident Name (Print): _____

Resident Signature: _____

Date: _____ / _____ / _____

Staff Signature: _____

Date: _____ / _____ / _____