

Financial Agreement

Revelations of Freedom Ministries (ROFM) believes it is important to manage money in a way that honors God. We are committed to helping students be accountable with their money through creating a budget, paying off old debts, tithing, and allowing others to maintain their bank account until the student displays financial maturity.

1. I, _____, agree to allow Revelations of Freedom Ministries house manager, _____, to create a checking account that is in the house manager's name in trust of me.
2. I understand that I am unable to withdraw money or write checks through account number _____.
3. I understand any sort of money management including, but not limited to, writing checks and withdrawals must be approved by the house manager.
4. I will comply with creating a budget that is manageable, used to pay bills, old debt, tithes, and other living expenses.
5. I understand that upon graduation or early termination from Revelations of Freedom Ministries Phase 2, all money except for what is owed on rent, counseling fees, drug testing, fines, and any damage done to building will be returned to me within 5 business days.
6. I understand that I have agreed to complete ROFM. If I leave early, I will owe rent up to the original date of completion (6 months from start of second phase).
7. I agree that going into the bank demanding or asking for money is a violation of this agreement and will result in immediate dismissal from ROFM Phase 2.
8. I agree that all income from work, family, friends, etc., will be deposited into the account. A failure to do so may result in immediate dismissal or an incident report.
9. I understand that any cash I receive from the house manager must be accounted for through receipts. A failure to do so may result in dismissal, an incident report, or no spending money given back.
10. I officially waive my rights to bring any legal action upon Revelation of Freedom Ministries or staff of ROFM for any reason whatsoever.

Student Printed Name: _____ Date: _____

Student Signature: _____ Date: _____

Witness Printed Name: _____ Date: _____

Witness Signature: _____ Date: _____