

**ABLE Place, Inc.**  
**Move-in Checklist & Financial Agreement**

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

Date moved in: \_\_\_\_\_ at 184 Bowdoin St. or 186 St. James Ave.(circle one)

Room assignment: \_\_\_\_\_

Check that Application is complete

- Dated & Signed
- Emergency Contact Info

Medications prescribed – in a sealed envelope

House Rules

Chore assignment

30 day probation period. Residency will be evaluated for appropriateness.

Financial Fees Commitment	<u>Double</u>	<u>Single</u>
<input type="radio"/> Key Charge	\$ 50	\$50
<input type="radio"/> First week	\$135	\$160
<input type="radio"/> Last week	<u>\$135</u>	<u>\$160</u>
▪ Total	\$320	\$370

I understand that Financial fees above include housing and utilities. I understand that Fees are due on Sunday of each week or by the 1<sup>st</sup> of each month if paying monthly. I understand that additional charges for air conditioners (\$10/week), refrigerators (\$5/week) and cable usage may apply. I understand that I am responsible for my first and last week fee as well as a key charge of \$50. I understand that I will be refunded these fees when I leave if I leave on my own accord with a 2 week notice and have not been discharged, and I have caused no damage to my room or the house. I understand that the residence period is from Sunday to Saturday.

**DISPOSITION OF PERSONAL PROPERTY**

The ABLE House will make every effort to respectfully pack and store any property left behind after residents leave. Storage in the store room on the 3<sup>rd</sup> floor or in the basement are not locked facilities. We will not take responsibility for property left behind. You have 30 days to make arrangements to pick up your belongings. Please call the house manager to arrange storage and pickup of your property.

**AGREEMENT & SIGNATURE**

I, \_\_\_\_\_, hereby certify that I have read, understand and agree to abide by the rules and financial commitment of the ABLE House and make my payments when due. I also certify that I understand that this is not a rental agreement but an application for membership into the sober living community. I will not become a tenant nor have the rights of a tenant. My residence here is based on maintaining my sobriety, doing my chores and paying my fees. For and in consideration of services to be rendered I promise to pay ABLE House all its charges rendered to me from admission to discharge. I understand that my rent is payable in advance and due by Sunday at midnight each week, and I agree to these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date