



FINANCIAL AGREEMENT

Resident: _____

Admission Date: _____ Soc. Sec# _____

Residence Address: _____

- Extended Recovery Residence fees are \$ _____/week or \$ _____/month*. Fees include housing and utilities, all scheduled programming, and program administration. 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 \$250.00 and an Admission Fee of \$50.00. I understand that the Admission Fee is non-refundable and that I can be refunded the Security Deposit if:
 1. I fulfill the three (3) month minimum commitment or other time period agreed to upon admission.
 2. with no major rule violations within 30 days prior to discharge,
 3. with 30-day notice prior to discharge,
 4. with no damage to property,
 5. and with no outstanding balance owed.
- I understand that I may pay fees on a weekly or a monthly basis. Fees are due on the 1st of each month if paying on a monthly basis.
- Payments accepted are PayPal, money order or bank check. **Personal checks and cash will not be accepted**
- If paying on a weekly basis, I understand that I must stay **a week ahead**. Fees will be collected during the community meeting for that week.
- I understand that I may carry **no more than a 2-week balance** on my account.
- I understand that there is a **10% late fee** for fees not paid on time.
- I understand that if I wish to pay by credit card, I may do so through PayPal. There is a 3% PayPal service fee that should be added to the total each time I make a PayPal payment.

In acceptance of the FINANCIAL AGREEMENT with **ENSO Recovery Residences**, I agree that to qualify for the ENSO Recovery Residence I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from the ENSO Recovery Residence. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers' fees if required.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered I severely promise to pay ENSO Recovery Residence all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____