

HOMEBRIDGE FOUNDATION HOUSE RULES

(Revised as of 7/18/24)

General Conduct

All residents are expected to conduct themselves with the honor and dignity that is owed to veterans of the United States Armed Forces. There are to be no weapons on the property, violence, threats of violence or loud or profane language by one resident toward another.

Residents must respect and take direction from the House Manager and/or Operator.

Communication is key for a respectful, healthy and safe living environment. Inform the Operator and/or house manager if you plan to be away from the home for more than 48 hours. If you are a "No call or no show" for more than 48 hours, it will be presumed that there is an issue and could lead to termination

Be friendly and cooperative in the neighborhood. A friendly attitude will help our "Good Neighbor Policy".

Care of the Home and Premises

Loud speech or music or causing a disturbance of any kind is not permitted inside or outside of the home, or anywhere in the neighborhood.

No vehicle mechanical work is permitted on the premises.

Utilities and Garbage: Energy conservation is everyone's responsibility. Garbage and recycling cans must go out weekly on the designated day. It is up to everyone to make sure the cans are outside weekly for pick up and moved into the side yard after they are emptied.

If you intentionally damage the house, you will pay for the damage. If no one self-reports, then the entire group of house residents will pay for the damage.

No burning of candles or incense at any time.

By signing this agreement, you understand that breaching the safety of the house will lead to a change in door codes. If you give your entry code to someone else, or let someone in on your code, this is grounds for termination (see Personal Property Policy below).

Communal/Shared Rooms Policy (Kitchen, Living room, Bathrooms, Laundry room)

Residents are responsible collectively for general cleanliness of the home. Each resident is responsible for cleaning up after themselves and participating in communal chores as necessary.

Rooms will be kept orderly and clean. Immediately clean up any area you use (kitchen, bathroom, and common areas). Each resident is responsible for cleaning up what they prepare. When a resident is done cooking, the kitchen area used by the resident to cook must be cleaned and the pots, pans, utensils, etc., should be washed, cleaned and put away. If residents cook a group meal, all residents are expected to participate in the clean-up. Residents should make sure that the coffee pot, stove and oven are turned off after use and cleaned up for use by the next person. If food is dropped or spilled on the floor or elsewhere, it should be cleaned up immediately.

Chores will be assigned and rotated weekly. The chore list is in the kitchen (and a detailed copy provided to you). If you cannot do your chores, you need to make arrangements with another resident to cover for you. Chores will include thorough cleanup of common areas (kitchen, bathrooms and living areas).

Eating is permitted throughout the shared living areas. Cooking and/or use of toasters, microwave, or other food heating and cooking appliances shall be used only in the kitchen or, in the case of the barbeque, only on the backyard patio.

A resident using food or other items that do not belong to that resident without permission is not permitted

The computer and printer are to remain in the common area at all times.

When a resident uses the laundry facilities, the area must be left clean for the next person. Residents should be attentive to the laundry and not leave clothes in the washer and dryer. Residents should clean the lint filter in the dryer after every use. Residents will ensure that detergent and other laundry materials are closed and properly stored.

Private Bedroom Policy

Rooms will be kept clean at all times. Each resident is responsible for the cleanliness of their room and their amenities. We prefer no food in bedrooms and eating is kept to the kitchen or dining area. Absolutely no use of cooking or heating appliances is permitted in bedrooms, this includes the use of microwaves, toaster, coffee makers and other food heating appliances.

The Operator and/or House Manager will conduct regular room inspections for cleanliness, health and safety. Inspection of the room will be conducted in the presence of the room resident if possible.

No resident may go into another resident's room when the resident of the room is not present.

Space available for residents is limited. Storage of a large number of personal possessions is not permitted. Your storage of personal items should be limited to your private room. Do not put your belongings in any other vacant room that is not assigned to you.

Bed linens, towels and washcloths should be cleaned at least once a week.

No alterations are permitted to rooms or the house without authorization from the Operator.

Pet Policy

No pets or service animals at any time for any circumstances, unless otherwise allowed by the Operator.

Alcohol/other Drug Policy

Drinking alcohol or use of any other illicit drug is not permitted on the property. Alcohol use is permitted for use by residents off the premises. However, if there are incidents or bad behaviors that occur as a result of consuming alcohol/drugs, this will be considered grounds for termination. No drug paraphernalia is permitted on the premises.

Visitors Policy

Guests are not allowed unless pre-approved by Operator. No overnight guests are allowed under any conditions.

Tobacco Use Policy

Smoking, vaping, chewing is to be done in the backyard outside area only. Please avoid smoking on the front porch or in the front of the property. You are required to always clean up your smoking materials. There is absolutely no smoking, vaping, or chewing in the house.

Private Vehicle Policy

If you own a vehicle, it must be functioning and not in disrepair (leaking oil, smoking, etc) and must be registered with the state and road legal. You must have proof of a driver's license and insurance. Parking is first come, first served. There is no assigned parking. If you damage someone's car, it is your responsibility to provide compensation for repairs - Homebridge Foundation is NOT responsible for any damages, theft, etc. of any vehicles.

Property Storage Policy

Upon vacancy, or "No call, No show" after 48 hours, or any other reason where you are not returning, any personal property left more than 10 days will be considered abandoned and will be donated to charity or disposed of. Please plan and make arrangements for someone collect your items if you cannot do so.

Personal Property Policy

Residents are responsible for their own security and the security of their possessions. Homebridge Foundation is NOT responsible for your personal property. Each Resident is provided a personal safe to store valuables and medication and is responsible for maintaining their security. Residents storing personal belongings in common areas do so at their own risk.

Property left over of from moving out or being evicted will be disposed of after 10 days unless other arrangements have been made. In no instance will we store anything for you when you leave for more than 30 days.

Assistance and Support Needed

We are partnered with a number of external agencies. We will make recommendations for outside counseling, medical care, support, schooling and employment to the extent we are able. We believe that living in a Homebridge Foundation house is an opportunity to expand and thrive. We will do everything we can to facilitate these goals.

Landlord / Tenant Rules Do Not Apply to Temporary Housing

Under federal law I understand that this house operates pursuant to Title 42 of the United States code, 300X-25, and the Federal Anti-Drug Act of 1988, PL 100-690, 2036, as amended. I agree to be expelled immediately from the house if I violate the terms of this agreement. I understand that in living in this house and agreeing to these terms, I do not have the same rights that I would in a landlord tenant relationship. In accepting these terms, I understand that federal law controls, and I thereby waive normal due process afforded by local landlord tenant laws I have read and understand all the material on this contract. I have answered all questions honestly and strive to achieve success in this home. Homebridge Foundation is NOT responsible for any accidents that may occur on the property. I understand I am personally responsible for all my needs and medical expenses.

These rules will be adhered to absolutely, to ensure the safety and security of all Homebridge Foundation clients and staff.

Client hereby certifies they have carefully read and understands the rules and regulations as stated in this agreement.

Signature of Applicant

Date of Signature

Signature of Operator

Date of Signature

CLIENT TERMS AND CONDITIONS

I agree to comply with the house rules and expectations at all times. _____

I understand that I must comply with the House Manager and Operator directives. _____

I understand that I must comply with the Department of Corrections and/or mental health counselor directives if appropriate for my situation. _____

I understand that cooperation and kindness are key values and will do my best to support the residents in the house. _____

I have identified any personal property with a value greater than \$500 to the intake team. I understand that Homebridge Foundation is not responsible for my personal property. _____

I understand that if I have a conflict with anyone that the House Manager and Homebridge Operator will help come to a resolution. We will work together as a team to resolve any conflict. _____

INVOLUNTARY TERMINATION OF RESIDENCY

Involuntary termination of residence shall include, but is not limited to:

1. On property use or possession of alcohol, drugs, controlled substances, marijuana, and medications not prescribed to you, drug paraphernalia, guns, knives, other weapons. _____
2. Possession of stolen goods, theft or stealing of any type on premise. _____
3. Non-residents on the property (unless otherwise pre-approved). _____
4. Physical violence or threats of any kind. _____
5. Violation of house rules. _____
6. Damaging the house intentionally. _____

Signed and Understood _____

Print Name _____

Date _____

CLIENT INTAKE INFORMATION

Personal Information:

Date: _____ Referred By: _____

Client Name: _____

Current Address: _____

Cell Phone (____) _____ Email: _____

Date of Birth: _____ SS#: _____

Drivers License State & #: _____

Vehicle: (year, make & model): _____ License Plate Number: _____

Military Branch and years served: _____

List the organizations, case managers or resources you are currently working with:

Income

Working: Yes No

HUD-VASH Housing Voucher

Social Security Income (SSI):

Social Security Disability Insurance (SSDI):

Other: _____

What monthly funding are you receiving from VA or any other resource: _____

Healthcare Information:

Medicaid:

State Health:

Other: _____

Any mental health services or medication in the past or present? If so, please list:

Any Chemical Dependency past or present, and do you receive services? If so, please list:

Employment:

Are you working or looking for work: _____ Type of work: _____

Occupation: _____

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Employed By: _____

Business Address: _____

_____ Phone: (____) _____

Job Description: _____ Supervisor: _____

Employed how long: _____ Monthly Salary: _____

Do you plan on attending school or training, and if so what type of education? _____

Housing History:

How long have you lived at your current address? _____

Times you lost housing and why: _____

Have you ever been evicted and why? _____

Previous Landlord & contact info: _____

Emergency Contacts/Family or Friends:

Name: _____ Relation: _____

Address: _____ Phone (____) _____

Name: _____ Relation: _____

Address: _____ Phone (____) _____

Incarceration or Arrest history:

Past Arrests: DUI: _____ Drug Related: _____ Other: _____

Attorney's Name: _____ Phone (____) _____

Probation Officer: _____ Phone (____) _____

Parole Officer: _____ Phone (____) _____

Have you ever been convicted of a sexual crime? Yes No

Have you ever registered as a sex offender? Yes No

Incarceration or Arrest history:.(continued)

Any charges pending: Yes No

Charge_____ County_____

Status_____ Charge_____

County_____ Status_____ DOC

Number_____

Are you working with any other organization or case managers are they helping with resources?

What should we know about you to assist you? Please feel free to write in comments:

Please sign to indicate that you have carefully read and agree with the information as stated above.

Applicant Signature: _____

Date: _____

Operator Signature: _____

Date: _____

ADMISSION AGREEMENT

The undersigned (“Client”) hereby agrees with Homebridge Foundation and **Peggy and David Budnick** (“Operators”), operator of the facility (“Blue House” located at 2104 SW Volcano Avenue, Redmond, OR 97756 as follows:

1. **Payment policy:**
\$ 850.00 per month for a private room in consideration for being admitted to the “Blue House” in accordance with the terms and conditions of this agreement, specifically including the Homebridge Foundation rules attached hereto. Rent must be paid on the 1st day of the month no later than 6:00pm. Once such payment has been made, no refunds will be given except in the sole and absolute discretion of the Operator.
2. **Actions which shall result in termination of the agreement:** include the use of drugs and alcohol on the property, acts of self-harm or self-destructive behavior, holding or trafficking any weapons, and violence to another client or staff. Client acknowledges that the house rules are necessary and must be honored and adhered to at all times to provide a safe and supportive living environment.
3. **Conditions under which agreement may be voluntarily terminated:** You may voluntarily terminate this agreement at any time by providing a written statement to that effect, signed and dated by you, and delivered to the House Manager or the Operators. There will be no refund of previously paid fees upon termination.

This admission agreement shall be automatically terminated in the event of the client’s death. No liability of debt shall accrue after the date of death. Written termination

FINANCIAL DISCLOSURE – ROOM CHARGES:

1. Monthly Room Charges are due and must be paid in full on the first of the month. No partial payments will be accepted. NO EXCEPTIONS. Room charges not paid in full within 4 days of their due date will incur a late fee of \$75.
2. It is solely your responsibility to make timely payment arrangements if you have an organization or a third party assisting you or paying your Room Charges.
3. If you do not communicate with us about paying your room charge and you are late on paying your room charge, you will be given a 72-hour notice to pay or vacate.
4. There is a one-time non-refundable \$100 fee upon entry in addition to your first room charge. This \$100 fee is to offset the initial costs of house supplies and linens that are provided for you upon moving into the residence. We do not require first and last month rent, or a security deposit.
5. We do not accept cash or personal checks. We will only accept a one-time money order and/or certified bank check written: “Pay to the order of Homebridge Foundation” when you first arrive for your initial intake. All future Room Charges must be paid by debit/credit card or using the online app link we provide. Our

administration staff will keep your debit/credit card information on file and will run your room charge per our monthly payment schedule.

If the provided information on file is run and does not cover your room charge in full, the agreed-upon late fee will apply. It is your responsibility to ensure that there are sufficient funds to cover your room charge.

6. Policy on Refunds: There are NO REFUNDS. If you pay your room charge and voluntarily self-exit the community prior to the completion of that paid period, we will not refund any prorated amounts based on days not used. If you have violated our set guidelines and are asked to leave the community and have already paid for the period, there is no refund.
7. *If you are a resident that has been put in jail, we may or may not hold your room. Discussion will be held with your CCO and counselors to determine the best housing option for you. Ultimately the final decision remains solely with Homebridge Foundation. ORS 90.243 – Qualifications for Drug and alcohol-free housing governs this agreement.
8. Landlord / Tenant Rules do not apply to temporary housing. Under federal law I understand that this house operates pursuant to Title 42 of the United States code, 300X-25, and the Federal Anti-Drug Act of 1988, PL 100-690, 2036, as amended. I agree to be expelled immediately from the house if I violate the terms of this agreement. I understand that in living in this house and agreeing to these terms, I do not have the same rights that I would in a landlord tenant relationship. In accepting these terms, I understand that federal law controls, and I thereby waive normal due process afforded by local landlord tenant laws I have read and understand all the material on this contract. I have answered all questions honestly and strive to achieve success in this home. Homebridge Foundation is NOT responsible for any accidents that may occur on the property. I understand I am personally responsible for all my needs and medical expenses.

Client Signature: _____

Date: _____

Operator Signature: _____

Date: _____