



**TRANSITIONAL HOUSING PROGRAM
AGREEMENT**

NAME: _____

CONTACT #: _____

ROOM #: _____

STARTING DATE: _____

ENDING DATE: _____

The PERHAM 180 TRANSITIONAL HOUSING PROGRAM is a six (6) month transitional housing and employment program operated by Productive Alternatives, Inc., a Minnesota Non-Profit Corporation and 501(c)(3) organization, in cooperation with SisBro, LLC., a Minnesota Limited Liability Company and KLN Holding, LP., a Minnesota Limited Partner. The program is to provide adult participants with an opportunity to establish employment and stability in an independent living setting within the community.

Productive Alternative Inc.'s Agreement:

Productive Alternatives, Inc., has leased property from SisBro, LLC., and KLN Holdings, LP., for the operation of the program. Productive Alternatives, Inc., shall provide the accepted participants short-term housing and employment guidance under the terms and conditions of the Participant's Agreement and Conditions as stated hereunder.

Participant's Agreement and Conditions:

As a participant in the PERHAM 180 TRANSITIONAL HOUSING (hereinafter the "**PERHAM 180**"), I agree to the following rules regarding my residence and enrollment in the PERHAM 180.

Residency – Not of Tenant/Landlord

1. I understand that residence at premises of the PERHAM 180 is a central component of the Program. I understand that I am a licensee of PERHAM 180 and Productive Alternatives, Inc., and not a tenant. I understand that I am not signing a lease, PERHAM 180 and Productive Alternatives, Inc., is not my landlord, and residency at the PERHAM 180 premises will at no time confer tenancy rights. PERHAM 180 and Productive Alternatives, Inc., may terminate your residency for violation of this Agreement. _____
2. I understand that my living at the premises of PERHAM 180 is temporary, and before my term ends I agree to work with PERHAM 180 staff or others to arrange other housing. _____

Financial and Fee

3. I will pay \$250.00 a month for the program fee on the first Monday of every month of my term. If I am paying with a check, I will write the check to Productive Alternatives Inc. (P.A.I.) _____
4. I understand that if I qualify for any local, state or federal assistance, I will need to apply for those benefits. _____

Personal Property of Participant

5. I understand that when I move in, there will be an inventory of items that belong to the PERHAM 180 or Productive Alternatives, Inc., or SiSbro, LLC., or KLN Holdings, LP. If I damage or take any of the items on the list, I will be responsible for replacing the same. Intentionally taking or breaking items that belong to PERHAM 180 or Productive Alternatives, Inc., or SiSbro, LLC., or KLN Holdings, LP., may cause me to be dismissed from the program. _____
6. I understand that PERHAM 180 and Productive Alternatives, Inc., is not responsible for my personal property which may be lost, stolen, or damaged in any way while on the Premises, unless the damage is caused by the negligence of the PERHAM 180 staff. _____
7. I understand that I must provide a copy of my driver's license and proof of insurance if I will be using a personal vehicle while at PERHAM 180. I understand that I must also park in the designated parking areas, as will any registered guests. Violation of these rules may result in the vehicle get getting towed at the owner's expense. _____

Participant Responsibilities and Conditions for Room and Premises

8. I agree to keep my room clean. _____
- a) I will vacuum, sweep and dust my room once a week.
 - b) I will clean the bathroom including the toilet, sink and shower at least once a week.
 - c) I will empty any garbage in my room every day and place the garbage in the dumpster outside of the building.
 - d) I understand that cleaning products and equipment will be provided and are located in the laundry room. The supplies and equipment are for all residents and when I use them, I agree to immediately return the supplies and equipment to the laundry room.
 - e) I understand that I may use the washer and dryer located upon the premises to wash my bedding, towels and personal clothing items at no cost, but I will need to supply my own detergent.
 - f) I understand that my sheets, bedding and towels need to be washed at least once a week.
9. I understand that I am not allowed to have any guests, including my children, other family or friends stay overnight in my PERHAM 180 room or on the premises. Any and all guests must check in and register at the PERHAM 180 office. _____
10. I understand that I am not allowed to have pets live upon or visit the premises. _____
11. I understand that I must be respectful to the other participants and agree not to have parties or disturb others with loud music or loud volume on my television or other electronic equipment. _____

12. I understand that there is no smoking or use of tobacco, or e-cigarettes of any kind inside my room or inside the building of the premises. Tobacco may be used outside of the building, but cigarette butts must be disposed of in the receptacle provided and cannot be thrown on the ground. _____
13. I understand that there is no use of illegal drugs or alcohol in my room or on the premises. Any use may result in my dismissal from the program. _____
14. I understand that I may not have any weapons, or items that could be used as a weapon or cause bodily harm to myself or another person(s) in my room or on the premises. _____
15. I agree to not cause any damage to my room or the premises or property of the PERHAM 180. I understand that I am liable for any and all damages caused by me to my room or the PERHAM 180 or the premises. _____
16. I understand that I cannot not keep any item of a dangerous, flammable or explosive character that might unreasonably increase the danger of fire or explosion on the premises or that might be considered hazardous or extra hazardous by any responsible insurance company. _____
17. I understand that when I move out, my room must be clean, and after washing my sheets, mattress pad, other bedding and towels, I agree to fold them and leave them on the bed in my room. _____
18. I understand that at the end of my term, or earlier if I am dismissed from the program, I agree that I will move out and will need to make arrangements for my belongings. I understand that I cannot leave my belongings behind when I move out and that PERHAM 180, Productive Alternatives, Inc., SISbro, LLC., and KLN Holdings, LP., are not responsible for my belongings and can dispose of any item that is left behind. _____
19. I understand PERHAM 180 staff has the right to inspect my room at any reasonable time. PERHAM 180 staff may perform a health and safety check of my room each month. PERHAM 180 staff and agents may also enter and inspect my room and common areas of premises at any time to check that I am in compliance with this Agreement. The presence of PERHAM 180 staff at my room will not limit or affect in any way your obligation to comply with this Agreement. This Section also does not impose any duty on PERHAM 180 staff or Productive Alternatives, Inc., to inspect my room, report to anyone the results of any such inspection, or assume any liability of any kind arising from engaging or not engaging in such an inspection. I understand that staff of the PERHAM 180 can come into my room to make sure it is clean and safe. Staff will attempt to give me notice of their intent to inspect my room, but in an emergency, staff can enter my room without notice. _____
20. I understand that I may not duplicate keys, or lend keys to any other persons, including friends or family. I understand that I am responsible to replace and pay for any lost keys. _____

Miscellaneous Conditions of Participant

21. I understand I need to be employed in order to remain in the program. If I am not employed, I will be dismissed from the program and will need to move out of my room. _____
22. I understand that Some rules are so important that a single violation may result in my immediate dismissal of the program participation. These include:

- **Violence, threats, or possession of weapons.** If PERHAM 180 staff is notified of a violent incident, including threats, charges, convictions or a plea of domestic violence or sexual assault, PERHAM 180 staff may dismiss the offending participant immediately. No weapons are allowed on the premises. PERHAM 180 may confiscate any articles they believe are being used in a threatening or combative manner. This does not in any way obligate PERHAM 180 staff of Productive Alternative, Inc., to monitor and supervise participants, protect participants, notify the police of any suspicious activity or file for criminal charges. _____
 - **Possession, use, or sale of illegal drugs or alcohol.** PERHAM 180 staff may dismiss any participant for possession, sale, or use of any illegal drugs or alcohol, or for being under the influence of these substances while on the premises. No one under the influence of drugs or alcohol is allowed on the premises. This does not in any way obligate PERHAM 180 staff of Productive Alternative, Inc., to monitor and supervise participants, protect participants, notify the police of any suspicious activity or file for criminal charges. _____
 - **Disruptive behavior.** PERHAM 180 staff may immediately dismiss a participant from the program for any activities that unreasonably interfere with the comfort, safety or enjoyment of other participants, staff, or neighbors, including theft; willful destruction of property; breach of confidentiality; or any felonious activity. This does not in any way obligate PERHAM 180 staff of Productive Alternative, Inc., to monitor and supervise participants, protect participants, notify the police of any suspicious activity or file for criminal charges. _____
23. I understand that the PERHAM 180 requires me to live independently and that I am responsible for setting up my appointments, getting to work on time, and maintaining my living area. _____
24. I understand that that I will have an individualized plan and will need to work with providers to develop independent living skills which could include lessons on budgeting, grocery shopping and cooking, cleaning and household management, use of community resources and public transportation, time management, planning and scheduling, and personal hygiene and self-care. _____
25. I understand that if recommended, I will accept services from several different providers including but not limited to, Productive Alternatives job coaches, community support programs, the Freedom Resource Center, day treatment programs, case management providers, Adult Rehabilitative Mental Health Service providers and recovery support services such as Alcoholics Anonymous, or Narcotics Anonymous. _____
26. I understand that if PERHAM 180 staff ever feel that I am at risk of causing self-harm or injuring staff or another participant or any other person, or that I am at risk of causing damage to the premises of any part of the PERHAM 180 they will take immediate emergency measures and I may be dismissed from the program. _____
27. I understand that I cannot be gone from the program for more than 24 hours, including work hours without notifying staff and receiving a written or verbal acknowledgment from staff. Failure to give notice and receive an acknowledgement may result in a dismissal from the program. _____
28. I understand that PERHAM 180 staff may, at any time, reasonable modify the rules and policies for program participation and that I will adhere to any and all modifications or additional rules and policies. _____

Assumption of Risk, Indemnification and Waivers

29. I agree to hold harmless PERHAM 180, Productive Alternatives, Inc., SiSbro, LLC., and KLN Holdings, LP., its officers, employees and agents, and to indemnify them for any claims, actions, injuries or damages to persons or property sustained by me or others in my room or on the Premises, as a result of any acts or omissions by me relating to my participation and involvement in the program. I understand that this means I will be financially responsible to PERHAM 180, Productive Alternatives, Inc., SiSbro, LLC., and KLN Holdings, LP., if myself or anyone else is injured by a hazard that I created or caused, and a claim is made against PERHAM 180, Productive Alternatives, Inc., SiSbro, LLC., and KLN Holdings, LP. _____
30. I understand that PERHAM 180, Productive Alternatives, Inc., SiSbro, LLC., and KLN Holdings, LP., its officers, employees and agents shall not be liable for any damage or injury of or to me or my family, guests, invitees, agents or employees or to any person for any action, claim, damage or injury related to the PERHAM 180, or upon entering the premises or the building of the PERHAM 180 of which the premises are a part or to goods or equipment, or in the structure or equipment of the structure of which the premises are a part, and I hereby agree to indemnify, defend and hold harmless PERHAM 180, Productive Alternatives, Inc., SiSbro, LLC., and KLN Holdings, LP., its officers, employees and agents from any and all actions, claims, damages, injuries or assertions of every kind and nature. _____
31. I understand that my participation in the program and presence at PERHAM 180 premises has inherent risks that may arise from many factors, including my own actions or inactions, or the actions or inactions of PERHAM 180 staff, Productive Alternatives, Inc., its directors, officers, employees, and agents, and other participants. These risks may include, without limitation, living in a close residential setting with other individuals in a period of transition in their lives, which may include overcoming trauma, substance abuse, psychological or emotional problems, financial distress, and homelessness. I also recognize that the Program serves both men and women. I also understand that PERHAM 180 staff, Productive Alternatives, Inc., is not responsible for the conduct of other participants and does not provide a supervised living environment, meaning that me and other participants, live independently and interact with each other directly. I assume full responsibility for any and all risks of bodily injury, death, or property damage caused by or arising directly or indirectly from my occupancy at PERHAM 180 premises, presence at a PERHAM 180 premises, and participation in the program, regardless of the cause. _____
32. I understand that a decision by the PERHAM 180 staff to not dismiss me from the program or take other action because of a rule violation, breach or condition failure, does not waive the PERHAM 180 staff's right to dismiss me in the future for the same rule violation, breach or condition failure. Any waiver must be in writing and signed by the PERHAM 180 staff. _____
33. I understand that PERHAM 180 staff and Productive Alternatives, Inc., reserves all remedies available. PERHAM 180 staff and Productive Alternatives, Inc.'s rights and remedies are cumulative and in addition to all rights and remedies given under applicable law. _____
34. I understand that PERHAM 180 staff may take pictures, make videos, record voices and communicate program information related to participants for media or advertisement reasons which may include information or images of me and I consent to the same. _____

- 35. I will not disparage the PERHAM 180 program, Productive Alternatives, Inc., SisBro, LLC., or KLN Holdings, LP., in any way or manner whatsoever, including any verbal or written statements, pictures or the use of any form of social media, including but not limited to Facebook, Instagram or Snap Chat. _____
- 36. I will not use any internet service provided by PERHAM 180 program for any reason or use of pornography, gambling, criminal activity or discrimination. _____
- 37. I understand that if I am not compliant with the PERHAM 180 program or in breach or violation of any term or condition of this Agreement I may be dismissed from the program. _____

I understand that if I am dismissed from the program, I will remove myself and my belongings from the Premises immediately, quietly, without disruption and I will leave my room in clean and neat condition.

DATE: _____

PERHAM 180 PARTICIPANT (*signature*): _____

PERHAM 180 (Productive Alternatives, Inc.) STAFF (*signature*): _____