

Beacons Program  
Member Agreement

Date of this agreement that will be in effect: \_\_\_\_\_

Property Address: \_\_\_\_\_

## **PURPOSE**

The purpose of this agreement is to outline the responsibilities and expectations of participants enrolled in this program designed to support families to assist in second chance housing.

## **Participant Responsibilities**

This Member Agreement (“Agreement”) is made between: Beacons of Lights Solutions. The purpose of this member agreement is to inform the member that they are a participant of the program. Additionally, will partake in working with a beacon staff to be able to obtain additional resources to assist in finding a stable placement either/or the member choose to stay with the understanding members have up to 30 days, on a case-by-case basis to review their continuation in this program. Members are required to pay to participate in this program. Every member income will be reviewed and discuss with the member on a monthly fee based on their income. Additional requirements as follows:

1. Every member will partake in meeting with the staff on a regular basis.
2. Every member will pay their dues on time monthly.
3. Every member understands that they will share a room or an apartment, based on how many are in their family. (share housing is sharing a room with another member or/and sharing one room per family depending on how many our per family this includes shared living room, dining room and kitchen)
4. Every member understands that Beacons has signed a lease with the landlord however, members are to find resources to assist them in with finding stable housing or if they do choose to stay in a Beacon’s apartment, they understand they must pay the full month’s rent.
5. Every member understands that once they can obtain assistance to help the pay their own rent, they will notify Beacons staff immediately.
6. Every member understands if they decide to choose to stay in a beacons apartment they will have to transfer their name their lease.

7. Every member understands that if they failed to comply with these rules immediate, they are discharge from the program.
8. Every member understands beacons staff will assist in assisting them find resources to help them, however it is up to the family to follow through with any recommendations that other agencies request.
9. Every member understands Beacons is not responsible for any damages /lost items if any landlord is requiring the family to be evicted for any purpose.
10. Every member understands we are a community, we help each other, there is not to be any defamation of characters of any kind that would hurt an employee of Beacons or any family that choose to partake in this program.
11. Every member understands that ultimately as an adult you are responsible in keeping up with your appointments with beacons staff or any other agencies.
12. Every member is actively seeking and apply for community resources, agencies, charities, churches, government programs, or other financial assistance programs that may help pay for rent and housing -related expenses.
13. Every member agrees to provide documentation of efforts made to obtain rental assistance resources when requested by program staff.
14. Every member understands once they are transferred to the referral agency, member has 30 days to renew a new lease with the landlord if they choose to stay at a beacon apartment.
15. Every member understands once the member is transferred to referral agency, beacons staff will close file. It is up to the member to follow up with the landlord and the referral agency for payment or new lease.

### **Program Responsibilities**

1. Provide guidance, referrals and support services to assist the participant/member in locating rental assistance resources.
2. Maintain confidentiality of participant information in accordance with applicable laws and policies.
3. Treat all participants fairly and respectfully.

### **Non-Compliance**

1. Failure to comply with the terms of this agreement may result in suspension or termination from this program.

**Acknowledgement**

1. By signing below, the member acknowledges that they have read, understood and agreed to comply with the terms of this agreement.

**Member's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Beason's staff:** \_\_\_\_\_