

# **EMPOWERMENT Homes Inc.**

## RESIDENT CONTRACT

**I have read, understand, accept and agree to the Empowerment Homes Inc. transitional living homes program guidelines and policies. I understand that my residency with an E.H.I. home is part of a 12-step based transitional living program and that I am not a tenant. I also understand that upon acceptance and entrance into the house, I waive all legal rights as a tenant. I agree that I can be discharged from the program without due process of law, should it be determined by the directors to be in the best interest of the program and/or other program members. Should I refuse to leave the premises upon discharge the local police dept. will be contacted to escort me off the property.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

**Resident Signature: \_\_\_\_\_**

**Printed name and Social Security Number:**

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**Directors/House Manager Signature:**

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