**Suite Agreement Template**

Name of your organization here

This document will act as an agreement between downstairs tenants and [Organization]- the operators of [Home Name].

**Confidentiality:**

Basement tenants will ensure that the privacy of [Home Name] residents through adhering to the following:

* You will not disclose the location of [Home Name] to ensure the safety and privacy of [Home Name] residents. Guests are of course permitted to your suite through the usage of the side door. Guest should not be informed the [Home Name] operates in the units above the basement.
* You will not ‘out’ [Home Name] residents in public- in terms of their identities or residency at [Home Name].

**Responsibilities:**

* All residents have the right to safe and secure housing-physically mentally and emotionally. All residents will respect this right of others.
* All residents will adhere to quiet hours between 11pm to 7am.
* All residents will ensure building maintenance upkeep (i.e. shoveling the side entrance to the house, placing recycling and garbage bins out for pick up in a timely manner, communicating building issues in a timely manner with [Management Property])
* Basement residents are responsible for their own groceries and personal items (i.e. toilet paper, toiletries, laundry detergent etc.)
* The [Home Name] property is an alcohol and illicit drug free property, and as per the Safe Housing agreement with [Management Property], we ask that your respect this by not consuming or storing non-prescription drugs or alcohol on the property.

**Rights:**

* You have the right to safe and secure housing. If at any time you feel that this right is not upheld, please contact [Management Property] and [Lead Support Staff], to make them aware of the situation.

**On-Site Support:**

* On-site [Organization] support (case management, peer support, social support, transportation) is intended for the residents of [Home Name]. In the case of mental or physical emergency, basement residents may seek support from [Home Name] staff by coming to the main area OR (list additional forms of contact).
* Basement residents are encouraged to connect with [Organization] and the 2SLGBTQ [City] community during [Organization] hours and [Organization] social and support groups. The [Home Name] coordinator may provide you with support/system navigation/case management per your request during their regular office hours. We are here to help! And will do our best to support you in whatever way we can.

**Community:**

Welcome to our [Home Name] community! In order to facilitate the sense of community throughout the building, community nights will be held every Friday evening from 6-10 pm. During this time basement resident are welcome to join in activities and share a meal with residents and staff upstairs. As the upstairs area is the home of [Home Name] residents, basement residents are only permitted upstairs at other times in the week when invited by [Home Name] residents as their guests.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Home Name] Program Agreement**

This agreement is between [Organization] & [Home Name] and the program participant.

This agreement commences on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement ends on the date which:

* [Organization] & [Home Name] terminates the agreement in writing.
* The program participant terminates the agreement in writing.

By signing this agreement, you (the participant) agree that you will participate in [Home Name] by:

* Contributing towards your housing costs as agreed upon at the time of lease signing
* Meeting with staff regularly to conduct case plans and work towards self-identified goals
* Following the Basic Expectation of [Home Name] residents
* Following the House Rules of [Home Name]

By signing this agreement, you understand that:

* The goal of [Home Name] staff is to connect you to services in the community of your choice so that you are properly supported and able to sustain your achievements and housing
* If [Home Name] staff is concerned about your safety/well-being, we may contact your landlord, enter your room, and contact your health care team, mental health team, emergency responders, and any other service providers to ensure your safety.

By signing this agreement, we ([Organization] & [Home Name]) agree to:

* Treat you with dignity and respect
* Work alongside you to determine appropriate care to meet your individual needs
* Support you to achieve your self-identified goals by linking you to appropriate services

**Basic Expectations of Living in [Home Name]:**

* Respect for self and others
* Desire to improve one’s life
* Contribute to keeping [Home Name] a safe space
* Keep open communication with [Home Name] Staff
* Participate in house programming
* Participate in case planning and work to achieve goals
* Follow guidelines and house rules

**Safe Space Guidelines (created by residents)**

* Respect pronouns and names
* Be relaxed
* Address conflict directly
* Bi-weekly house meetings and check-ins that everyone has to attend
* Respect people’s boundaries, personal space, and privacy
* Respect common areas and clean up after yourself

**House Rules**

* Rooms should be kept tidy and must follow fire code rules.
* Clean up the messes you make in common areas.
* No alcohol or drugs stored or used on the premises.
* No romantic or sexual relationships with housemates.
* Curfew is at 11pm on weeknights
* Quiet time is from 11pm to 7am.

**COVID-19 Rules**

* No guests are allowed in the house at this time.
* Sanitize hands when entering the house - wash and sanitize often!
* Follow current provincial guidelines and be COVID cautious in the community.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the terms set for this agreement.

(print name)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Note: Please feel free to take this open access template and adjust it to your organization’s needs and specificities*** |