



PA & MEGAN'S PLACE

An Independent Living Community for Adults with Special Needs @ HIGH PLAINS

LEASE AGREEMENT

Date of Lease Contract: _____
(Date this Lease contract is completed)

1. **LESSEE:**

(Last) _____ (First) _____
(Middle) _____ (Preferred) _____
(Nickname) _____
Birthdate: _____ Age: _____ Gender: _____
Guardian (Legal Name):
(Last) _____ (First) _____
(Middle) _____

2. **LESSOR:**

High Plains Children's Home and Family Services, Inc., (HPCH)
Property Name: "Pa & Megan's Place" @ High Plains
Property Address: _____ Amarillo, Texas 79118

3. Number of Occupants under this lease agreement: _____
(Landlord's consent necessary for guests staying longer than 7 days)

4. **LEASE TERM:**

Month to Month beginning _____, ____201__.
(30 Days notice for termination)

5. **SECURITY DEPOSIT (Refunds):**

Housing: \$ _____ (Homes will be inspected for damages shortly after the tenant vacates the property. Security Deposit refunds will be made in the name of the tenant on the lease, unless we receive a form, (available in the office), indicating to whom the check should be made payable. In no event will we issue separate checks. It is important that you provide us a forwarding address for the check. Failure to provide forwarding information may result in a delay of your refund.

6. **KEYS:**

House _____ Mailbox _____
Lost keys will be replaced at a cost of **\$2.00** each. Occasionally, a resident may wish to have his/her lock changed. The charge for this is **\$25.00**. If you get locked out of your home, we will be happy to open the door at no charge as soon as possible.

7. **RENT & CHARGES:**

Total Monthly rent for dwelling unit; \$ _____
Rent is due at the HPCH Administrative Business Office by the first working business day of each month. A grace period of 5 days from said due date is allowed. Following the grace period, a **\$5 per day** late fee will be assessed.
Payments should be made payable to High Plains Children's Home for the full amount of rent. We prefer to receive the rent in the form of a single payment. Please make arrangements well in advance to ensure that rent is paid in a timely manner. Rent is preferred in the form of a check or money order. Cash is discouraged. Please make sure your address is clearly marked on the payment to assist us in properly crediting your account.

8. **UTILITIES:**
Utilities paid for by Landlord include: Electricity, Natural Gas, Water, Wastewater and Refuse.
9. **RENTER'S INSURANCE:**
Proof of Renter's Insurance is required within **10** days of move-in. This particular insurance provides for personal property losses due to such incidents as theft, fire, water damage, and the like. (Many times your automobile insurance carrier will place a contents "rider" on that policy).
10. **MOVE OUT NOTIFICATION/RELETTING:**
30 Days written notice to **HPCH**
Reletting is NOT permitted
11. **TERMINATION PRIVILEGES:**
HPCH reserves the right to terminate this lease agreement based on the following:
Failure to pay rent after 60 days.
Failure to comply with the COMMUNITY CODE.
Proof of criminal activity or associations within, or outside, the community.
12. **REIMBURSEMENT:**
Tennant must promptly reimburse **HPCH** for loss, damages, government fines, or cost of repairs or services in the community due to a violation of the Lease Contract or COMMUNITY CODE, and/or improper use or negligence by tenant or your guests. (Unless the damage is due to our negligence).
13. **RENT INCREASES AND LEASE CONTRACT MODIFICATIONS:**
No rent increases or Lease Contract changes are allowed by Landlord before the initial Lease Contract term ends, except for changes allowed by any special provisions in paragraph 15 below, by written addendum or amendment signed by you and us, or by reasonable changes of community rules.
14. **DISCLOSURE RIGHTS:**
If an individual or entity requests information on you or your rental history for law enforcement or governmental purposes, we may provide it upon proper identification of the requesting party.
15. **SPECIAL PROVISIONS (if any):**

Signatures and Attachments

SIGNATURES:

Resident

HPCH Representative

Address and Phone number of **HPCH** Representative for notice purposes:

 **HIGH PLAINS CHILDREN'S HOME**
and Family Services, Inc.
11461 S. Western
Amarillo, Texas 79118-4119
(806) 622.2272