



# HELP TO HOME INC — UNIT RESIDENT PROGRAM PLEDGE



In order to become and remain as a Help to Home unit resident,  
I (client) agree to **satisfactorily** participate in the

## NEW LIFE SKILLS DEVELOPMENT PROGRAM

wherein I agree to learn how to achieve **Financial Freedom** and **New Life Skills** by working with a Help To Home – Hope Village ("H2H-HVM") Representative (Rep) to **Responsibly and Accountably**:

- 1) Create and live within an agreed budget (including ALL debts) \_\_\_\_\_(Initial)
- 2) Complete local/on-line Financial Literacy & New Life Skills training \_\_\_\_\_(Initial)
- 3) Pre-discuss all (over \$50) potential purchases with a H2H-HVM Rep (Excluding groceries, medication and gas. These purchases must be supported with receipts turned into your financial literacy coach / H2H-HVM Representative.) \_\_\_\_\_(Initial)
- 4) Keep all Earnings Statements (Pay Stubs) in printed format/hard copy. All online banking/savings/credit card statements and recent transaction history available to H2H-HVM Representative during sessions in printable format or emailed to H2H-HVM Representative. \_\_\_\_\_(Initial)
- 5) Save or profitably invest an agreed portion of my income \_\_\_\_\_(Initial)
- 6) Keep all Expense Receipts for review with H2H-HVM Rep \_\_\_\_\_(Initial)
- 7) Meet on a regular basis no less than twice monthly with an H2H-HVM representative to help ensure that my family and I are continuing on the proper path to Financial Freedom by bringing and sharing ALL my Earnings Statements, Checking/Savings/Investments Statements, Credit Card Statements and Expense Receipts. As well as meeting the Life Skills goals and requirements set fourth for your family by the H2H-HVM Representative. \_\_\_\_\_(Initial)
- 8) Stay Drug Free and agree to random drug testing. \_\_\_\_\_(Initial)
- 9) Do not add any additional children to the approved application. \_\_\_\_\_(Initial)
- 10) Stay out of trouble (e.g. no arrests), abide by the Rules and Regulations of Help To Home and make good decisions for you and your children. \_\_\_\_\_(Initial)
- 11) Contact your Help To Home Representative asap upon any issue, needs or assistance. \_\_\_\_\_(Initial)
- 12) Client agrees to accepting and following through with all referrals. \_\_\_\_\_(Initial)
- 13) Our transitional housing units have minimal storage space. Work with your H2H-HVM Representative on move-in to reduce your personal belongings. Do not contract to pay for a commercial storage unit. \_\_\_\_\_(Initial)

I/we understand that these initial goals and meeting dates must be met and can be modified and other goals added by my/our H2H-HVM Representative as I/we progress through this Program. The goal is to be ready to move on to permanent housing within 2 years from your move-in date. My family and I earnestly want to break out of the poverty cycle through this Program and pledge to be dedicated, focused and determined to comply with it as a condition of continuing to live here. I/we understand that by submitting this form with my/our name(s) below I/we have effectively signed this commitment.

**First and Last Name #1** \_\_\_\_\_ **Date** \_\_\_\_\_

**First and Last Name #2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Received by H2H-HVM** \_\_\_\_\_ **Date** \_\_\_\_\_

When this form is complete, save it to your device,  
then email it to [HelptoHomeInc@gmail.com](mailto:HelptoHomeInc@gmail.com)