

## Housekeeping Program Resident Statement of Understanding

I understand and agree that:

1. All requests for cleaning services will be reviewed by management.
2. Not all requests can be approved because of limited resources and time and that the services shall be provided to those residents most in need as determined by management.
3. I will be billed for the cleaning service at the rate of \$ \_\_\_\_\_ per hour.
4. The minimum charge possible is \$ \_\_\_\_\_ .
5. If the work continues past a full hour and the worker leaves during an additional half hour time period, the bill will be rounded up to a full half hour period. For example, if the worker is there for 1 hour and 20 minutes, I will be billed for 1 hour and 30 minutes.
6. I will pay for these services upon receipt of billing invoice.
7. Payment will be in the form of a check or money order payable to \_\_\_\_\_ and will be separate from my rent check.
8. My eligibility for service may be discontinued if full payment for services is not made by the 5<sup>th</sup> of the month following the service.
9. I must give a 24 hour notice of service cancellation or pay a cancellation fee of \$\_\_\_\_\_. This fee may be waived for medical emergencies only, as verified and approved by management.
10. I will be present in my apartment when work is being done.
11. All equipment and supplies for requested cleaning services are my responsibility and will be available for the worker at the scheduled time.

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