



Aaron Community Cultural Center  
[www.accbsm.com](http://www.accbsm.com)  
[accbsm@gmail.com](mailto:accbsm@gmail.com)  
800.527.4184



## 1010 HOUSE 1 Year or Month to Month STAY AGREEMENT

This One Year or Month-to-Month Stay Agreement is applicable from the time your rental agreement is signed.

(  ) (Initial In box) After the first 1 year stay(  ) Month to Month the participant (you) can extend your stay for an additional year with consistency of goals.

Please initial each point as:

I agree to eat in the kitchen area only

I understand that I will have one refrigerator shelf and one cabinet self for my food and personal kitchen items.

I agree to lock the front door and gate when leaving the 1010 House.

I agree to turn off all electrical devices, lights and water when I am in a different room or leave the 1010 House.

I agree to follow all household rules

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

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I understand that this is a shared sober living family membership house.

- I cannot have liquor or mood altering drugs or smoke inside of the residence.
- I understand that I can not physically harm any visitor or residence in this residence while living here
- I understand I am not allowed to have a weapon on my person or in the residence.
- I also understand that stealing and entering other family members rooms without their presence in their room is grounds for a 30 day notice for dismissal to me and Brilliant Corners.
- I understand that my room can be entered for housing inspections, repairs and emergencies.
- I understand that when I play music or use my computer, the volume must be heard in my room only.
- As a member I will participate in the Green Energy program in the house that conserves water and energy.
- I will not take shower longer than 10 minutes and turn off light and electrical devices when I leave my room.
- I understand that I am responsible for my personal belongings and for locking my room when I leave.
- I also understand that I need to remove trash from my room daily to resolve the challenge of pest living in my room and the house.
- I understand that I need to clean the Kitchen, bathroom and any common areas when I use them.
- I understand that each family member of the house will participate in daily and/or weekly house hold chores.
- I understand that this is a **no pet facility No Smoking or Visitors**
- I understand that as a family member I am welcome to participating in a **Family Life Transition Program**. As a family member

**Please initial each of the above bullets and sign below**

Signature \_\_\_\_\_

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I understand that I am responsible for purchasing my food and preparing my own meals. I understand that I am welcome to participate in a weekly family meeting, and three or more of the members Life Transition programs. I understand that I will need to attend an educational program and or work 20 hours per week

I understand that the Los Angeles Sheriffs can search the property, or my belonging with a witness.

I understand that I need to provide Contact information for my Social Worker, Parole or Probation officer, and two emergency contact numbers:

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I understand that a criminal background check will be done for the health and safety of the family members and community. (Brilliant Corners provided)

I understand any violation of the previously mentioned action are reasons for me to be ask to move with a 30 day notice to me and Brilliant Corners.

\_\_\_\_\_, 201

Family Member:\_\_\_\_\_

ACCC Family Members Representative:\_\_\_\_\_



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## 1010 Family Membership Agreement

Please read each listed item and initial, then sign and date the form.

\_\_\_\_\_ I understand that this is a shared sober-living family membership house.

\_\_\_\_\_ I understand I cannot have liquor or mood altering drugs or smoke inside of the residence.

\_\_\_\_\_ I understand that I cannot physically harm any visitor or residence in this residence while living here or have a weapon on my person or in the residence.

\_\_\_\_\_ I understand that stealing and entering other family member's rooms without them being in their room in a residence will be ask to leave with a 30 day Move out notice.

\_\_\_\_\_ I understand that my room will be entered for housing inspections, repairs and emergencies.

\_\_\_\_\_ I understand that I will have a family member who might share bathroom with me. I also understand that I am responsible for leaning the bathroom room when I leave the bathroom.

\_\_\_\_\_ I understand that when I play music or my TV, the volume must be heard in my room only.

As a family member, I will participate in the Green Energy program in the house that conserves water and energy.

\_\_\_\_\_ I understand that I will not take shower longer than 10 minutes and turn off light and electrical devices when I leave my room.

\_\_\_\_\_ I understand that I am responsible my personal belongings and for locking my room when I leave.

\_\_\_\_\_ I understand that I need to remove trash from my room daily to resolve the challenge of pest living in my room and the house.

\_\_\_\_\_ I understand that I need to clean the Kitchen, bath and common areas when I use them and per the house Schedule.

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\_\_\_\_\_ I understand that each family member of the house will participate in daily and weekly household chores.

\_\_\_\_\_ I understand that as a family member I am participating in a family Life Transformational Program.

\_\_\_\_\_ I understands that I am responsible for purchasing my own food and preparing my own meals.

\_\_\_\_\_ I understand that I will need to participate in a weekly family meeting.

\_\_\_\_\_ I understand that I will need to attend an educational program and/or work 20 hours per week.

\_\_\_\_\_ I understand that the Los Angeles Sheriffs can search the property, or my belongings with a witness.

\_\_\_\_\_ I understand that I need to provide contact information for your Social Worker, Parole or Probation officer, and two emergency contact numbers

\_\_\_\_\_ I understand that a criminal background check will be ran for the health and safety of the family members and community.

\_\_\_\_\_ I understand any violation of the previously mentioned action are reasons for me to be ask to move via a 30 Days notice to me and Brilliant Corners.

Family Member:

\_\_\_\_\_ Dated:

ACCC Family Members Representative:

\_\_\_\_\_ Dated: