NC GOD INC • STABILIZE • RESTORE • WORK

SAFE-STAY TRANSITIONAL HOME-SHARE AGREEMENT

501(c)(3) Nonprofit • EIN: 84-337-6445
Phone: 772-971-6129 • info@ncgod.org • ncgod.org

1. VERIFIED PARTIES & TRANSITIONAL PLACEMENT LOCATION

Homeowner ("Host"): _____ **Phone:** _____

Program Participant ("Guest"): _____ **Phone:** _____

Host Residence Address: _____ **County:** _____

Assigned Space: ☐ Private Spare Bedroom ☐ Shared Bedroom (Max 2 Guests) **Passport ID:** _____

2. TEMPORARY STAY PERIOD & COST-SHARING CONTRIBUTION

Start Date: _____ **Scheduled Review / End Date (30–90 Days):** _____

Guest Income Status: ☐ $0 Income (Job/Benefits Pending) ☐ SSI ☐ SSDI ☐ Wages / Other

Monthly Utility/Expense Contribution: $_____ / **month** (due on day _____ of each month). *If $0, placement is a free charitable stay.*

3. NATURE OF ARRANGEMENT & 48-HOUR EXIT PROTECTION (NON-LEASE PROGRAM LICENSE)

Both parties acknowledge that this placement is a **temporary, charitable transitional housing program** sponsored by **NC GOD INC**, and is **not** a residential landlord-tenant lease under Florida Statutes Chapter 83.

• **48-Hour Exit & Re-Routing Clause:** Either the Host or Guest may end this stay at any time with **48 hours' notice** to NC GOD INC.

• **Immediate Safety Termination:** If the Guest violates any substance, violence, or safety rule below, the Host may contact **NC GOD INC (772-971-6129)** or local law enforcement for **immediate termination**, and NC GOD INC will assist in re-routing the Guest.

4. AGREED HOUSE RULES (CHECK ALL SELECTED BY HOST AT REGISTRATION)

☐ **No Alcohol / Drinking** anywhere on the property

☐ **No Illegal Drugs, Weapons, or Firearms** on premises

☐ **No Daytime Visitors** inside the residence

☐ **Nightly Curfew:** Home by _____ PM (except verified work)

☐ **No Food in Bedrooms** (eat in kitchen/dining area only)

☐ **No Pets Allowed** *(or Host pets: _____)*

☐ **No Smoking or Vaping** indoors or on property

☐ **No Overnight Guests** without prior written Host approval

☐ **Quiet Hours:** _____ PM to _____ AM (headphones required)

☐ **Clean Shared Spaces:** Wash dishes & clean bath after use

☐ **Fragrance-Free:** No candles, incense, or heavy scents

☐ **Weekly NC GOD Check-In:** Respond to weekly SMS/calls

Host Custom Rules / Notes: _____

5. SAFETY SCREENING & COMMUNITY LIAISON NOTIFICATION AUTHORIZATION

Both Host and Guest confirm they have completed identity and background verification through **NC GOD INC** and authorize NC GOD INC to log this temporary stay with local community safety liaisons (local Police Community Outreach Unit and County Coordinated Entry / Homeless Services) solely for household safety, wellness tracking, and official mail/benefits verification.

6. SIGNATURES & DISTRIBUTION (3 COPIES: HOST, GUEST, NC GOD INC CASE FILE)

_____	_____	_____	_____
Homeowner ("Host") Signature	**Date**	**Program Participant ("Guest") Signature**	**Date**
_____		_____	_____
NC GOD INC Authorized Coordinator Signature		**Printed Name & Title**	**Date**