**Student Apartment Agreement**

I understand that I am being provided housing in the student apartments as part of my Iowa Blindness Empowerment and Independence Center (IBEIC) Training. I understand that I am not the lease holder for the apartment I will occupy. I understand that when I exit the IBEIC for any reason, I will have 72 hours to vacate the student apartments. I understand that this time frame may be reduced if the Center Director determines that my presence in the apartment is causing damage to the safety, property, or program progress of other clients living in the student apartments. When I am exiting the program, will work with the Center Director to arrange my checkout time. I will return all keys to a Center staff member at the specified check out time. I will participate in a walkthrough with a Center staff member the day of check out to ensure that the apartment is left clean and that all belongings have been packed and removed from the premises.

Client Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_