

PLACEMENT CONTRACT

“Helping your loved ones find a place to call home”

Home Care Locator.com

877-4-MOM-DAD

888-202-9020 Fax

This agreement is between **Home Care Locator.com 15508 W. BELL RD #101, SURPRISE, AZ 85374** and

Facility Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

License No. _____

The facility agrees to pay **“Home Care Locator”** One Hundred Percent (100%) of the total first month rent including any additional fees charges to each referred resident placed in the facility. This service fee will be made in two payments, each equivalent to One Half (50%) of the resident total monthly rent. The first payment will be paid within 5 days of the start and second payment within 30 days.

Nista Priddy

(Executive Director **Home Care Locator**)

DATE

(Facility Owner’s Signature)

DATE