TEMPORARY PERMISSION FOR OTHERS TO STAY IN YOUR RESIDENCE

If you are going to be away from your home for any significant or unknown period of time, it may be a good idea to have a trusted friend or family member to "house sit" for you while you are away to not only care for your home but also your children and/or pets if applicable to your situation. It's always a good idea to put these types of arrangements in writing so there's no misunderstanding about the expectations of everyone concerned. You may also want to complete this Living Smart Form if you have someone stay with you on a temporary basis whether it is to care for you while you are ill or for any other reason.

This Permission is being given by _____ to _____ to allow them to temporarily reside in Resident's home located at _____.

While the Temporary Resident is staying at the above address, they agree to keep the premises clean and in good repair and to particularly agree to undertake the following items (please check all that apply):

___ Take care of my children (Attach completed *Living Smart Form No. 02, Permission for Others to Care for Children in an Emergency & No. 03, Temporary Child Care Instructions, under Children and Pets*.)
___ Take care of my pets (Attach completed *Living Smart Form No. 11, Pet Care Instructions and No. 12, Permission to Care for Pets in Case of an Emergency, under Children and Pets.*)
___ Bring in my mail and newspaper
___ Water my plants
___ Clean house
___ Take out garbage, list where & when it's picked up: _____
___ Cut grass
___ Water lawn when needed
___ Keep swimming pool clean (including application of chemicals)
___ Keep hot tub or sauna clean (including application of chemicals)
___ Care for Resident (See Medical and Care Giving Section to determine which Living Smart Forms are appropriate in your situation.)

The following are additional items Temporary Resident shall be responsible for while residing in Residents home:

1.

_____

_____

2.

_____

_____

3.

_____

_____

4.

_____

_____

While staying in Resident's home, the Temporary Resident shall have the following privileges, check all that apply:

___ Have guests visit (not including overnight), not to exceed ___ at one time;
___ Have overnight guests not to exceed ___ (total number allowed) at same time and not to exceed ___ (total number allowed) times a week
___ To use the hot tub or sauna if available
___ To use the swimming pool if one is available
___ To use the vehicles at the residence
___ To drink any wine or alcohol found in the residence

The following privileges are also extended to the Temporary Resident while residing in Resident's home:

1. _____
_____
2. _____
_____
3. _____
_____
4. _____
_____

While staying in the Resident's home, the Temporary Resident shall be responsible for paying for the following:

1. _____
_____
2. _____
_____
3. _____
_____
4. _____
_____

This Agreement for the Temporary Resident to stay in Resident's home shall commence (please select only one of the following using your initials):

___ Upon the date this Permission is signed and shall last until Resident Withdraws Permission where indicated in this Living Smart Form
___ From the date beginning _____ until the end date of _____
___ While Resident is being cared for in a hospital, rehabilitation center, assisted living or nursing home center, or similar facility
___ The following circumstances:

_____
_____
_____
_____

This Permission and its contents are agreed to by both the Resident and Temporary Resident.

Resident:

_____
Signature of Person Giving Permission

_____
Printed Name of Person Giving Permission

_____
Date Signed

Temporary Resident:

_____
Signature of Temporary Resident

_____
Printed Name of Temporary Resident

_____
Date Signed

WITHDRAWAL OF TEMPORARY PERMISSION FOR OTHERS TO STAY IN YOUR RESIDENCE

If you no longer want the person or people listed in the above Permission to undertake the activities specified, just sign and date below and the Permission will no longer be valid as of that date. nce you have completed this form, create a new Permission if appropriate.

If you have given copies of the Permission being withdrawn to others, please ask them to return their copy to you and provide them with a copy of this Withdrawal and a new Permission if appropriate.

_____
Signature of Person Withdrawing Permission

_____
Printed Name of Person Withdrawing Permission

_____
Date Permission is Withdrawn