

# Rental Agreement for 429 State Street Family Apartments

1. **Suggested Donation:** The NICU Family apartments are made available due to the generous financial support of the Hamot Health Foundation. There is a suggested donation of \$25 per day to help offset the maintenance costs.
2. **Length of Stay:** The apartment can be reserved for a maximum of 14 days/13 nights, based on availability.
3. **Hospital Visits:** You are required to visit the NICU daily and be involved in the daily care of your infant.
4. **Daily Rounds:** It is recommended to attend daily rounds between 9 AM and 12 PM. These hours may vary depending on the NICU's current situation and the rounding team's availability.
5. **Inspections:** Random inspections may be conducted during your stay to ensure compliance with apartment care guidelines.
6. **Smoking and Substance Use:** Smoking, vaping, marijuana use, alcohol, and illicit drugs are always prohibited both inside and outside the apartments.
7. **Open Flames:** Open flames, including candles and space heaters, are not permitted.
8. **Behavior:** Inappropriate behavior, loud music, or parties will result in immediate eviction.
9. **Quiet Hours:** Quiet hours are from 10 PM to 7 AM.
10. **Cleaning:** You are responsible for cleaning up after yourself. The apartment is equipped with a dishwasher, washer, and dryer for your use.
11. **Food and Drink:** Clean all food and drink out of the fridge, freezer, and cabinets before leaving. Consume food and beverages only in the kitchen area to avoid staining or damaging furniture.
12. **Furniture:** Please do not move any furniture.
13. **Plumbing:** Do not flush feminine hygiene products, baby wipes, paper towels, cotton balls, tissues, etc.
14. **Damages:** Any damage to furniture, walls, floors, tiles, light fixtures, kitchen appliances, etc., will be charged to you.
15. **Pets:** No pets are allowed in the apartments at any time.
16. **Visitors:** Visitors are not allowed in the apartment.
17. **Children:** Due to safety, children cannot stay in the apartments.

Tenant Signature: \_\_\_\_\_

Tenant Printed Name: \_\_\_\_\_

UPMC Hamot Witness Signature: \_\_\_\_\_

Apartment: \_\_\_\_\_

Check-in date: \_\_\_\_\_

Notes:

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