



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

Shelter Agreement

I, _____, am requesting assistance with:

Accessing homeless shelters First month's rent Temporary housing Security Deposit Other

List all household members below:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

I do not have a vehicle. My Vehicle is legally registered to _____

The vehicle description is: Make, model, year, color _____

I AGREE TO THE FOLLOWING TERMS, CONDITIONS AND UNDERSTANDING:

1. It is my responsibility to find housing. I understand Conway has a shortage of available, affordable rental units.
2. It is my responsibility to provide the location, cost and duration of housing needed.
3. Towns are not obligated to house you where you ask to be housed; Conway staff will house in the most affordable, suitable location available. If I refuse shelter offered to me, temporary housing assistance may be terminated.
4. Temporary housing options/assistance may change frequently based on availability and costs.
5. It is my responsibility to contact and utilize homeless outreach services. (Dial 211 or call 723-6625)
6. Future assistance requires applying for housing assistance programs in addition to other conditions of assistance.
7. Overnight guests are not permitted. Visitors are allowed only when registered at the reception desk.
8. I am responsible for the behavior of guests, phone charges, damages, incidental fees and late check out fees.
9. I have a responsibility to act in a manner that does not jeopardize this program's relationship with vendors.
10. My housing assistance may be terminated upon receiving a verbal or written complaint made by a vendor.
11. I am responsible for damages and will not be eligible for further assistance until the issue is resolved to the satisfaction of the town and the vendor.
12. I agree to keep the room and facilities clean.
13. Children under the age of 18 SHALL be supervised at all times.
14. Pets are not permitted unless the vendor agrees to accept them. The town will not pay pet deposits.
15. Use/Sale/possession of illegal substances and/or paraphernalia is not permitted. Current /future assistance with housing may terminate immediately upon receiving a report.
16. I agree to park and smoke only in designated areas or, in some cases, off the property.
17. Vendors do not want a negative image from police presence. Should calling police be necessary, you will be required to provide a police report and discretion will be left to the welfare director re: assistance going forward.
18. I will notify the Town of Conway if I vacate the room overnight for any reason.
19. I will not be eligible for future housing assistance until unpaid balances to the owner of the property have been paid in full or suitable payment arrangement is made.
20. Candles are not permitted.
21. I understand that failure to follow facility rules may cause current / future assistance to be compromised/terminated.
22. Quiet hours are 9 PM to 8 AM.
23. I understand and agree to having facility staff enter my room once per day to clean and restock.
24. Reckless driving and car maintenance / repair in the parking lot is prohibited.
25. I understand that I am not to lend money while on local welfare assistance.

By accepting assistance with shelter, I agree to follow these terms regardless of where I am sheltered.

Date: _____ Signature: _____ Signature: _____

Distribution: Vendor Client File Shelter Agreement File



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