

NEW ROCHELLE MUNICIPAL HOUSING AUTHORITY

50 Sickles Avenue

New Rochelle, NY 10801

Telephone: (914) 235-1717 - (914) 636-7050

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REQUEST FOR USE OF COMMUNITY ROOM

**50 SICKLES AVENUE & 111 LOCKWOOD AVENUE
COMMUNITY ROOM**

2020 USAGE CONTRACT

FOUR (4) HOUR MAXIMUM USAGE ONLY

(You May Set Up One (1) Hour Prior to the Event)

Location of Community Room: _____

Head of Household Name: _____

Address: _____

Telephone Number: _____

Day and Date of Function: _____

Time of Function: From: _____ .m. To: 10:00 PM

Until Further Notice, the events below are the ONLY usages of the room

Purpose of Function: _____

Funeral Repass – A DEPOSIT OF \$50 REQUIRED.

Approximate number of people invited: _____ (may not exceed 50)

The undersigned requests permission of the NRMHA to use the above community room for the purposes described above.

The undersigned acknowledges having read the attached rules and agrees to follow those rules.

The undersigned agrees to indemnify, defend, and hold the NRMHA harmless from liability for injury to person or property that may result from the actions of the Resident or Resident's guests in connection with the function or the use of the Community Room.

The undersigned acknowledges that the NRMHA may revoke permission to use the Community Room at any time and for any reason.

This form must be submitted with a Deposit Fee of **\$50** which includes the Usage Fee of **\$25** to the NRMHA, at least ten (10) days prior to the date of the planned function. If the room is returned as originally rented, the deposit fee of \$50 will be reimbursed back to the renter. If the room is damaged in any way, all charges incurred for repair of the room, will be added to the Head of Household account.

Date:

Head of Household Signature

Print Name: _____

OFFICE USE ONLY

Usage Fee/Deposit Fee Total: \$50.00

\$25.00 will be returned if room is in the same condition as rented based upon inspection by Housing Authority.

USE APPROVED: _____ Date: _____

*****USAGE FEE: \$25 FOR RESIDENT PROGRAMMING/EVENT FUND**

ALL PAYMENTS MUST BE MADE WITH A **MONEY ORDER** PAYABLE TO: **N.R.M.H.A**
NO CASH – NO EXCEPTIONS!

RULES FOR USE OF COMMUNITY ROOM

*****Must Be Strictly Followed*****

1. The Head of Household must be present at all times during the function.
2. The Head of Household is responsible for the behavior of his/her guests.
3. Guests may not use other areas of the building, interior or exterior.
4. **Guests may NOT park in NRMHA parking areas.** Cars will be towed if guests park in the parking lot.
5. The function and all activities must end by **10:00 p.m.**
6. Noise levels (music, conversation, etc.) must always be reasonable and may not disturb other Residents.
7. The Head of Household must immediately, after the function, must clean the room, **including:** kitchen, lavatory and all appliances. Sweep and damp mop all floors and remove all trash.
8. If the room is not cleaned or damaged in any way, your deposit will not be returned, and you will not be able to use the room for future activities.
9. **No alcoholic beverages** may be consumed or possessed during the function.
10. **No illegal drugs,** controlled substances, or marijuana may be possessed or used during the function.
11. All behavior and attire must be appropriate.
12. There is no smoking in the Community Room or within 25 feet of building.
13. The Head of Household may only use the Community Room in the building in which he/she resides.
14. You must follow the **four (4) hour** usage schedule. If not, you will forfeit your deposit and may not be able to rent space for future functions.
15. **Any violation of these rules may result in the immediate cancellation of the use of the Community Room and/or the loss of the privilege of using the Community Room in the future.**

I HAVE READ AND UNDERSTOOD THE RULES AND THE USE OF THE COMMUNITY ROOM AND I AGREE TO FOLLOW THE RULES.

Date:

Head of Household Signature

Print Name: _____