Kentucky Recovery Housing Assurances

It is understood by the representative(s) of the organization seeking certification with Kentucky Recovery Housing Network (KRHN) that **KRHN is not responsible** for checking local or state codes for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. The individual owner or organization seeking certification with KRHN assumes all liabilities for any misrepresentations.

The undersigned asserts the following requirements for each facility:

1. The organization requesting certification with KRHN is a legally recognized entity within the state of Kentucky and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
2. The organization requesting certification with KRHN has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government.
3. The organization requesting certification with KRHN has State of Kentucky Incorporation Documents.
4. The individual facilities to be listed with KRHN meet all federal, state, and local ordinances and building codes required for residential or institutional buildings.
5. The facilities to be listed with KRHN are regularly inspected by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and recording fire drills (where required).
6. The facilities to be listed with KRHN have electrical, mechanical and structural components that are functioning and free from fire and safety hazards.
7. The facilities to be listed with KRHN meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request.
8. The organization requesting certification with KRHN maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements.
9. The organization requesting certification with KRHN maintains appropriate record-keeping systems for employees and residents. Including any legally required criminal background checks.
10. The organization requesting certification with KRHN assures that minutes from The Board of Directors Meetings are documented and kept on file.
11. The organization that manages the facilities maintains appropriate homeowners/renters and liability insurance.
12. The organization requesting certification with KRHN has policies and procedures that comply with applicable confidentiality laws.
13. The organization that manages the facilities to be listed with KRHN attests that the residence meets local health, safety codes appropriate to the type of occupancy.

Name of owner/managing organization: ____________________________________________

Headquarters Address: ____________________________________________________________

I hereby assert that the facilities listed meet all requirements above as well as any other requirements required by law or code for my location. (Additional locations to be provided on page 2)

Typed (or printed) name of authorized representative: ________________________________

Signature of authorized representative: _____________________________________________

Date: __________________________
List names and addresses of facilities for which the organization is seeking certification with KRHN:

1. _______________________________
   _______________________________
   _______________________________

2. _______________________________
   _______________________________
   _______________________________

3. _______________________________
   _______________________________
   _______________________________

4. _______________________________
   _______________________________
   _______________________________

5. _______________________________
   _______________________________
   _______________________________

6. _______________________________
   _______________________________
   _______________________________

7. _______________________________
   _______________________________
   _______________________________

I hereby assert that the facilities listed above meet all requirements above as well as any other requirements required by law or code for my location.

Typed (or printed) name of authorized representative: _______________________________

Signature of authorized representative: _______________________________

Date: ________________