



**Bristol Housing Authority**

Benjamin Church Manor

1014 Hope Street

Bristol, RI 02809

PH: (401) 253-4464 Fax: (401) 253-9249

**ACKNOWLEDGEMENT OF BENJAMIN CHURCH MANOR POLICIES**

**1. REPORTING CHANGES OF INCOME**

Participants **MUST** report changes in household income, decreases or increases, within ten (10) business days of the change.

**2. CHANGE IN HOUSEHOLD COMPOSITION**

Participants **MUST** request in writing to add an adult(s) to the household and the adult(s) **MUST** be approved eligible by the BHA prior to becoming part of the household.

**3. VISITORS/OVERNIGHT GUEST POLICY SECTION 4 (4.1)**

The Benjamin Church Manor Lease states that no person(s) other than those listed on the Lease live and/or stay in the unit other than on a temporary basis **NOT TO EXCEED 21 days in one calendar year**. This is to ensure that the Total Tenant Payment (TTP) is accurately based on the total annual family income of that household.

**Residents are required to call the BHA office to register their overnight guest. The office staff will enter the name and home address in the guest book of any guest staying overnight and the number of days of each visit. Guests and Visitors are required to park on Chestnut Street to ensure there are ample parking spots for other Residents.**

**4. REPORTING ABSENCES FROM THE UNIT**

BHA has established a policy that the Resident must report any family absence(s) from the unit. Absence means that no member of the family is residing in the unit. A family absent from a unit without reporting may be terminated from the program.

As a resident of BHA, you must notify the office if you are going away on an extended vacation. If you have a prolonged illness in which hospitalization or nursing home care is necessary, you must obtain a statement from your doctor stating the date you can return to the unit. Your rent must be paid during your absence.

A resident cannot be absent from a unit for more than 90 days per calendar year. Extenuating circumstances must be approved first by the Board of Commissioners before an additional 30 days is granted.

Once BHA has established abandonment of a unit, state and local laws will be followed to repossess the unit.

I understand that I **MUST** report changes of income and/or family composition as stated above. I realize that failure to report changes could result in owing the BHA for overpayment of my housing assistance, and fraud charges under state and federal law. I also fully understand the policies stated above regarding overnight guests and reporting my absence or other household member's absence from the unit.

\_\_\_\_\_  
Print Name of Head of Household

\_\_\_\_\_  
Signature of Head and Date

\_\_\_\_\_  
Print Name of Other Member

\_\_\_\_\_  
Signature of Other Member and Date

