

**CLINTON COUNTY HOUSING AUTHORITY**

369 LINDEN CIRCLE, LOCK HAVEN, PA 17745

PHONE (570) 748-2954

FAX (570) 748-5358

**Print Date:** DATE

**Tenant Information:** HEAD OF HOUSEHOLD  
UNIT ADDRESS

**Phone Number:** PHONE

**JOHN YOST COMMUNITY CENTER  
RENTAL AGREEMENT**

**RENTAL DATE:** SAMPLE – NOT VALID FOR RENTAL

Your request for the use of the John Yost Community Center has been approved. Use of this facility is at the courtesy of the Clinton County Housing Authority (CCHA). Treat the facility with respect. You must pick up the facility key during normal office hours. There is a maximum occupancy of 50 persons permitted.

There is **NO SMOKING** inside this facility. Smoking is NOT permitted on any CCHA property. Extinguished cigarettes should be placed in proper receptacles located by the entry door. The folding doors separating the facility must remain locked at all times. **DO NOT TAMPER WITH THE FOLDING DOORS!** They are expensive to repair. Do not tamper with the vertical shades on the windows. They are expensive to repair or replace. **DO NOT HANG ANYTHING FROM THE WALLS OR CEILING!** No activities; i.e., ball playing, racket games, etc... are permitted outside the building. No business or sales activities (yard sales) are permitted. No bands or D.J.'s are permitted. No loud, noisy or unruly parties are permitted.

[ ] CHECK HERE IF REQUESTING KITCHEN ACCESS

Access to the kitchen requires a \$5.00 non-refundable fee plus a \$20.00 deposit.

Please promptly return the key. A thorough inspection will be completed after each facility rental. The Clinton County Housing Authority will complete a bill detailing charges due for the cost of repairs for damage, any necessary clean up, and excessive garbage. This amount will be deducted from your deposit (if required). Any remaining unpaid balance will be due and payable immediately.

Please be advised, when you finish using the facility, you are responsible for the following:

1. ALL DOORS & WINDOWS MUST BE CLOSED & LOCKED
2. CHAIRS RETURNED TO DOLLY IN ORIGINAL POSITION
3. FLOORS CLEANED WITH MOP PROVIDED
4. GARBAGE PLACED IN PROPER RECEPTACLES
5. EXHAUST FANS TURNED OFF
6. LIGHTS TURNED OFF (MAIN AREA & RESTROOMS)
7. RESTROOMS CLEANED UP (BOTH LADIES & MENS)
8. TABLES RETURNED TO ORIGINAL POSITION
9. KITCHEN AREA MUST BE THOROUGHLY CLEANED (IF ACCESS WAS REQUESTED)
10. PICK UP LITTER FROM ALL OUTSIDE AREAS
11. RETURN THE KEY TO THE MAIN OFFICE  
(after hours drop off through the mail slot next to the main office door)

**ACKNOWLEDGMENT**

I have read this form and fully understand that I am responsible for the care of this facility. I agree to abide by all the guidelines outlined above. I accept responsibility for the behavior of all my guests. I agree to pay for repairs resulting from damage caused and also for any clean up costs.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_