**2017**

**Over Night Guest’s Policy**

Anyone other than those persons listed on the lease that stays overnight is considered an overnight guest.

All resident families must notify the PHA management prior to the event when, an overnight guest will be staying in the unit. The resident must complete a visitation form and be approved prior to the visitation. A guest can remain in the unit no longer than 14 consecutive or cumulative days during any 12 month period. The twelve month period begins on the effective day of their re-exam date. There will be one set of fourteen-day visitation allowed per re-exam year with written permission from management.

A family may request an exception to this policy for valid reasons (e.g., care of a relative recovering from a medical procedure expected to last 20 consecutive days). An exception will not be made unless the family can identify and provide documentation of the need and to what residence the guest will return.

An overnight guest must meet basic occupancy requirements (e.g., registered sex offender, a fleeing felon, and/or a previously evicted public housing resident will not be considered).

The resident is responsible for the guest’s action(s) while the guest(s) is on the apartment complexes’ property.

All overnight guest(s) must follow all policies, procedures, regulations, and rules of South Carolina Regional Housing Authority No. 3

Reasonable Accommodations may be granted with proper documentation upon request.

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Head of Household Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Head or other adult Date

**Overnight Guest’s Request Form**

**Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (s) of Requested Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am only allowed 14 days per year visitation and that every time I have an overnight visitor I will need to report it to management. I will take sole responsibility for my guest(s) and I will make sure that my guest follow all policies, procedures, regulations, and rules of South Carolina Regional Housing Authority No. 3.**

**I also understand that I can’t allow any visitor(s) that may be a registered sex offender, a fleeing felon, and/or a previously evicted public housing.**

**I understand that I must receive written approval from South Carolina Regional Housing Authority No. 3 or their designee before my visitor will be allowed to stay.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Housing Authority Official Date**

**(STAFF ONLY)**

 **\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_ Disapproved**

**\_\_\_\_\_\_\_\_ Copy of State Issued Picture ID attached**