

## APPENDIX G



City of Manchester, NH Welfare Department  
1528 Elm Street, Manchester, NH 03101-1350  
Telephone: 603-624-6484 Fax: 603-624-6423  
Email: [welfare@manchesternh.gov](mailto:welfare@manchesternh.gov)

### Shelter Addendum to Notice of Decision

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORKER: \_\_\_\_\_

- You must immediately accept shelter housing when offered.
- You must immediately move into the shelter the day a room is available.
- You must stay in the shelter nightly until you have found permanent, affordable housing.
- You must cooperate fully with the shelter staff and/or agencies to assist you in locating permanent, affordable housing.
- You must abide by all housing rules/regulations as established by the shelter, hotel/motel, or any other temporary housing paid for by the City of Manchester Welfare Department.
- You and all those staying with you, including minor children, must behave in a manner that does not result in the management of the accommodations refusing to allow you to continue to stay at that location. Under no circumstances shall minor children be left alone or unsupervised.
- Under no circumstances shall you allow visitors, guests or any other person into your hotel/motel room, or allow visitors, guests or any other person to utilize accommodations paid for by the City of Manchester Welfare Department\*.
- I understand that this is an addendum to my Notice of Decision dated \_\_\_\_\_, and I must refer to the Notice of Decision for all other requirements. I understand that if I fail to abide by this addendum the City of Manchester Welfare Department will not continue to provide emergency housing (shelter, hotel/motel, etc.), nor will the City of Manchester welfare Department be obligated to locate or provide payment for other temporary housing options. If I have otherwise complied with the requirements of my Notice(s) of Decision, I may be eligible for rental assistance to secure permanent affordable housing once I have located such. I acknowledge I have received a copy of this document for my records.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\*

\_\_\_\_\_  
# of Adults  
18 years of age & older

\_\_\_\_\_  
# of Children  
17 years of age & under

Revised 02-25-15