

Application Checklist

| | Ready | Missing | Notes |
|---|-------|---------|-------|
| Application for MASH Affiliation or Certification | | | |
| Resident Agreement | | | |
| House Rules | | | |
| Letters of Recommendation | | | |
| Policies & Procedures that covers: | | | |
| * Refund policy | | | |
| * Personal property disposition | | | |
| * Alcohol/drug use/ relapse procedure | | | |
| * Prohibited/hazardous items and searches | | | |
| * Urine screens | | | |
| * Medication use/policy (4.7 CR, 23.1 CS) | | | |
| Code of Ethics | | | |
| Proof of Insurance <i>(Insurance cover page only)</i> | | | |
| Mission/Vission Statement(s) | | | |
| Grievance Policy and Procedure <i>(must reference MASH website to file grievance)</i> | | | |
| Manager's Job Description | | | |
| Emergency Procedures <i>(house address and staff phone number)</i> | | | |
| Affidavit of Non-discriminatory | | | |
| Notice of Fees to Residents | | | |
| * All fees must be in document signed by resident | | | |
| * No late fees for 30 days | | | |
| Written Permission from Lessor | | | |
| Written Resident Rights | | | |
| Scheduled 2 <i>(for re-certifications with updated information)</i> | | | |
| Municipal Lien Certificate <i>(every 2 years)</i> | | | |

Please send missing documents by email to: Silvia@mashsoberhousing.org or fax: 781-819-5151 or by mail to: MASH- 5 Edgell Rd, Suite 30, Framingham, MA 01701