



Housing Authority City of Asheville
133 Livingston Street
Asheville, NC 28801

For additional information or to submit request please contact Quiante Brown @ **828-707-3431** or **828-239-3542**. Monday-Friday 1pm to 6pm

Facility Request Form
One Request Form Must be Filled Out for Each Site Requested
Application is only good for one fiscal year (Jan 1-December 31)

Site Requested: Arthur Edington Center

Today's Date: _____

Name of Applicant/Organization: _____

Requester Contact Name: _____ Phone: _____

Address: _____

Email: _____

Description of event: _____

COMPLETED BY REQUESTER		
Date(s) of Rental	Time in Space	Room(s) Requested

Attach a second page if needed

Number of Persons Expected (include audiences) per day: #Adults _____ # Children _____ # Teams _____

Will tables and chairs be need for this event? YES NO If yes, how many? #Tables _____ #Chairs _____

IF REQUIRED/REQUESTED FOR YOUR EVENT BOX BELOW WILL BE CHECKED:

CURRENT CERTIFICATE OF LIABILITY INSURANCE

OFF DUTY OFFICER REQUIRED (to be paid by user group directly to officers)

CUSTODIAN NEEDED (after regular business hours) – *2 hours minimum at \$30 per hour to be charged to the user group.*

AMOUNT TO BE CHARGED:

NO PERSONAL CHECKS
Cash, Money Orders, Cashiers and ONLY Organization Checks Accepted.

Incidentals
 Deposit: \$200 (*refundable*)
 Custodial Fee: \$ _____

Theater Rental
 \$50/hr General Public
 \$30/hr Resident/Employee

Community Rooms
 \$50/hr General Public
 \$30/hr Resident/Employee

I agree to return space back to its original state. This includes cleaning, removing all food, trash and/or décor as well as placing any moved furniture back to its original location. Failure to do any of these may result in loss of deposit. _____

Initial

I understand that the FULL PAYMENT IS DUE at least 2 days prior to the event. _____

Initial

**For initial approval, please take completed request form and insurance document to the Arthur Edington Center. The request must be approved by the Director of Resident Services prior to any event taking place.

CANCELLATIONS: Written cancellations received at least two weeks prior to the event will be refunded entirely. Written cancellations received at least seven (7) days prior to the event will be refunded 50%.

RETURNED CHECKS: In the event that any check presented as payment of fees for use of HACA facilities is dishonored for any reason (including non-sufficient funds or account closure), the event shall immediately be cancelled, unless satisfactory payment can be made at least **7 days** prior to the actual event. Payment after a dishonored check must be in cash or money order form, and must cover any fees incurred by HACA as a result of the dishonored check.

By signing below, I agree that I have read, understand and will abide by HACA's facility use rules and regulations. I agree to return the space back to its original state. This includes cleaning, removing all food, trash and/or décor as well as placing any moved furniture back to its original location. **Failure to do any of these could result in loss of deposit.**

I also understand that a \$30 per hour fee is charged for custodial services requested outside normal hours. Final approval from the Director of Resident Services or designated Facility Administrator along with all anticipated fees is required prior to use of any facility. Donations are **NOT accepted** in lieu of facility use payments. By signing below, I also understand that I am expected to be honest when filling out this application. I understand that any false statements made on this form may, at the sole discretion of Asheville Housing Authority, result in revocation of permission to use HACA facilities, and the inability of me and/or my organization to use HACA facilities in the future.

Requester

Date

Edgington Center Facility Coordinator

Date

FOR HACA USE ONLY

CHECK LIST

- Certificate of Liability Insurance attached (if required).
- Deposit. Date received _____ Check Money Order Cash Amount received \$_____
- Full Payment for facility use. Date received _____ Check Money Order Cash Amount received \$_____
- Form completely filled out and signed by requester and Director of Resident Services/Manager. It is very important that the dates and times are on the form.
- Space request listed.
- OFF DUTY OFFICER REQUIRED (to be paid by user group directly to officers)
- CUSTODIAN NEEDED (after regular business hours) – ***2 hours minimum at \$30 per hour to be charged to the user group.***

Total Received: \$_____ Date received: _____

Approved **Denied**

Signature of Director of Resident Services: _____ Date: _____

Copies to: Renter and Director of Resident Services

RULES AND REGULATIONS

- Application should be submitted at least 5 working days before the event.
- **Payment is due at least 48 hours prior to the date of the event.**
- **SPACES ARE BOOKED AT THE TIME APPLICATION & DEPOSIT ARE RECEIVED.**
- **THE TIME REQUESTED SHOULD INCLUDE YOUR SETUP AND CLEANUP.**
- Applicant/organization is responsible for the safety and conduct of its participants and spectators.
- All non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries.
- Satisfactory sponsorship and adequate adult supervision must be provided by the applicant. Security may be required for some activities.
- All events will be required to meet the occupancy load and fire and safety regulations of the City of Asheville and State of North Carolina.
- General Services Administration bans smoking in the courtyards of federal buildings and within 25 feet of doorways and intake ducts on the outside of federal buildings.
- Use of tobacco, vaping devices and/or drugs is prohibited. Prior approval is REQUIRED for the use of alcohol. Proof of ABC Permits and any other permits and/or insurance requirements must be submitted prior to the event and are the sole responsibility of the applicant. Violations will result in barred use of facilities and loss of security deposit.
- Access to facilities and services, except as otherwise addressed in these rules, shall be limited to that specified on the application.
- Alterations to the facility are prohibited without prior approval. This may include such things as hanging signs, placing goals, using masking tape on walls and floors, etc.
- Facility owned equipment shall not be removed from the facility or loaned to any individual or organization unless prior written approval by Housing Authority City of Asheville (HACA) has been granted.
- Applicants are responsible for special set-up requirements and clean up unless specifically requested and approved in the application.
- Users shall be responsible for returning the facility to its original condition immediately following the event. Failure to do so will result in loss of security deposit.
- Appropriate gym shoes are required for all activities on the uncovered floor of gymnasiums.
- Cancellations by applicants require at least a 48-hour notice. Otherwise, related actual costs shall be borne by the applicant.
- Facility use will be cancelled when facility/building is closed due to an emergency or inclement weather.
- HACA reserves the right to refuse or revoke any authorization issued for the use of the facility and/or grounds, and if rental has been paid, to refund such rental less expense incurred by HACA in connection therewith.
- HACA reserves the right to refuse or revoke any authorized use of the facility and/or grounds at any time if there is a perceived risk or danger to the public.
- Firearms or other dangerous weapons are prohibited and may result in legal action and/or loss of security deposit.
- HACA may require user to keep a ledger of participants verified by photo identification during certain events. Failure to comply may result in loss of security deposit.
- HACA reserves the right to refuse or revoke use of the facility if the renter has any delinquent fees owed to HACA.
- Additional time beyond request will be deducted from security deposit.

I have read, understand and agree to the above rules and regulations. By signing this agreement, I will comply with the rules set forth above.

User Signature: _____ Date: _____