

Motel Occupancy Agreement Program - Statement of Qualifications Form

Owner Contact Information

Name _____
 Phone _____
 Email _____

Project Information

Motel Name _____
 Address _____
 Phone _____
 City, State ZIP _____

Project Detail

Total Number of Rooms	_____
Number of Rooms Owner Proposes to Lease to City	_____

Cost Per Bed Per Night \$ _____

Terms

Select "Yes", "No", or "N/A" to indicate that the Owner meets the Qualifications/Terms. Clarifying information may be provided at the end of the form.

Temporary Emergency Housing (Shelter)	Yes	No	N/A
Does the property agree to accept for occupancy all individuals placed by the City and contracted service provider?			
Will the property permit guests to bring pets into the motel/hotel rooms?			
Will the property permit guests to bring their possessions into the motel/hotel rooms?			
Does the property have facilities available for additional on-site storage of belongings?			
Will the property permit guests access to common areas of the hotel (e.g. lobby, vending machine areas, etc.)?			
Will the property provide a minimum of one unit to serve as administrative office and client meeting space for services staff?			
Will the property allow 24/7 access by City staff, service provider staff, and service provider partners (such as meal program providers)?			
Property Management	Yes	No	N/A
Does each room include a mini-fridge and microwave in each unit? If no, indicate in the explanatory and clarifying information section below if the property will add the amenity.			
Does the property have necessary and sufficient electricity and gas for heating, ventilating, air-conditioning, and in-room appliances?			
Does the site have a functional elevator for upper floor access?			
Does the property have sufficient parking spaces for all residents as well as provider staff?			
Does the property conduct regular overall facility and landscape maintenance?			
Does the property conduct regular in-room maintenance?			
Can the property provide prompt response to emergency maintenance requests, such as clogged toilets, lost keys, etc.?			
Does the property currently have 24-hour on-site staffing or security? If security is not currently provided, but is intended to be, note this in the explanatory or clarifying notes section below.			
Ongoing Operations	Yes	No	N/A
Does the property have adequate hotel staffing levels to ensure regular cleaning and maintenance and prepare units for guest move in and move out?			
Does the property have a front desk attendant to coordinate services, utilities, and supplies for the permitted use?			
Will the residents have access to on-site laundry facilities?			
Damage to Units	Yes	No	N/A
Should the owner seek reimbursement for any excess property damages, the owner must first submit a claim to the owner's insurance. Does the owner maintain appropriate levels of insurance (i.e. commercial property, general liability, worker's compensation, employee dishonesty, etc.)?			
Space for Mobile Homes/Trailers	Yes	No	N/A
In addition to leasing hotel/motel rooms, does the site have sufficient space for locating up to 6 existing mobile home/trailers on the hotel or motel property to provide additional capacity for emergency shelter for people experiencing homelessness?			

Explanatory or Clarifying Information

Additional Comments (Optional)

Enter any additional comments in space provided below

Submission Information

Submitted By (Print) _____
 Signature _____
 Date _____