

## **Kentucky Recovery Housing Attestations [Assurances]**

It is understood by the representative(s) of the organization seeking certification with Kentucky Recovery Housing Network (KRHN) OR RECOGNIZED NARR AFFILIATE or Kentucky affiliate recognized by the National Alliance for Recovery Residences **that the certifying organization [KRHN] is not responsible** for checking local or state codes for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. The individual owner or organization seeking certification with KRHN OR RECOGNIZED NARR AFFILIATE assumes all liabilities for any misrepresentations.

The undersigned asserts the facility meets the following as required by each facility [~~the following requirements for each facility~~]:

1. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE is a legally recognized entity within the state of Kentucky and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
2. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government.
3. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE has State of Kentucky Incorporation Documents.
4. The individual facilities to be listed with KRHN OR RECOGNIZED NARR AFFILIATE meet all federal, state, and local ordinances and building codes required for residential or institutional buildings.
5. The facilities to be listed with KRHN OR RECOGNIZED NARR AFFILIATE are regularly inspected by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and recording fire drills (where required).
6. The facilities to be listed with KRHN OR RECOGNIZED NARR AFFILIATE have electrical, mechanical and structural components that are functioning and free from fire and safety hazards.
7. The facilities to be listed with KRHN OR RECOGNIZED NARR AFFILIATE meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request.
8. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements.
9. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE maintains appropriate record-keeping systems for employees and residents, [ ] i[ ]ncluding any legally required criminal background checks.
10. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE assures that minutes from The Board of Directors Meetings are documented and kept on file.
11. The organization that manages the facilities maintains appropriate homeowners/renters and liability insurance.
12. The organization requesting certification with KRHN OR RECOGNIZED NARR AFFILIATE has policies and procedures that comply with applicable confidentiality laws.
13. The organization that manages the facilities to be listed with KRHN OR RECOGNIZED NARR AFFILIATE attests that the residence meets local health, safety codes appropriate to the type of occupancy.

Name of owner/managing organization: \_\_\_\_\_

Headquarters Address: \_\_\_\_\_

[I hereby assert that the facilities listed meet all requirements above as well as any other requirements required by law or code for my location. (Additional locations to be provided on page 2)

**Typed (or printed) name of authorized representative:**

\_\_\_\_\_

**Signature \_\_\_\_\_ of \_\_\_\_\_ authorized \_\_\_\_\_ representative:**

\_\_\_\_\_

Date: \_\_\_\_\_]

List names and addresses of facilities for which the organization is seeking certification with KRHN OR RECOGNIZED NARR AFFILIATE:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby assert that the facilities listed above meet all requirements above as well as any other requirements required by law or code for my location.

Typed (or printed) name of authorized representative: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

908 KAR 1:410

10 [07]/2024

The foregoing instrument was subscribed and sworn to and acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, known to me or whose identity  
was proven on the basis of satisfactory identification.

\_\_\_\_\_

Notary Public, State at Large

My Commission Expires: \_\_\_\_\_