MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Youth Services
Oakley Youth Development Center
HOUSING AGREEMENT
FY 2016

For and in consideration of being allowed to reside in State Furnished Housing, I agree to accept housing under the following provisions:

1. My residential status will be coded as “House Tax” since housing is not a condition of employment.
2. Assigned housing is for me and my immediate family with approval.
3. I agree to maintain the upkeep of the facility and it is my responsibility to report any repairs, as appropriate and necessary.
4. I agree to maintain any pets within the confines of the residence property, leashed or penned.
5. I will be held responsible for any damage done to the property if this damage was caused through carelessness, maliciousness, or willful neglect.

6. I am responsible for any insurance on my personal contents within and about the dwelling.
7. I am responsible for maintaining all smoke detector and fire alarms on the property.
8. An annual inspection by the Division Director or his/her designee will be conducted during the month of January of each succeeding year or occupancy.

HB 1556, Appropriation, MDHS Section 10, lines 116 through 125 state: It is the intention of the Legislature that none of the funds provided herein shall be used to pay certain utilities for state furnished housing for any employees. Such utilities shall include electricity, natural gas, butane, propane, cable and phone services.

By signing below, I agree to follow the terms and conditions of this agreement, and failure to abide by this agreement may result in my removal from housing and/or other disciplinary actions. I also understand that this is a one-year agreement and can be terminated for non-compliance to all agreed upon terms and conditions.

Employee: __________________________ Name Typed __________________________ Signature __________________________ Date __________________________

Supervisor: __________________________ Name Typed __________________________ Signature __________________________ Date __________________________

Administrator: ______________________ Name Typed __________________________ Signature __________________________ Date __________________________

Division Director: ____________________ Name Typed __________________________ Signature __________________________ Date __________________________