

*Valdez Senior Citizens  
Center, Inc.*



**Valdez Senior Citizens Center  
Housing Application  
(Please Print)**

Today's Date:

Applicants Name:

Mailing Address:

Street Address:

City/State/Zip

Name & Age of person to share housing:

Name of Current Landlord?

May we contact them?  Yes  No Phone:

Would you like to be placed on the:

Active Waiting List

Inactive Waiting List

Failure to mark your choice will put your name on the inactive waiting list

Do you smoke?  Yes  No

Are you able to completely care for yourself, and your apartment, or able to arrange, on your own to have this done?  Yes  No

If someone provides care for you, what is the name of the person or the organization?

What Services do they provide?

Please provide the names and phone numbers of two (2) people who can provide a reference for you. Our first choice for a reference is a current landlord. Personal references are also acceptable. A reference would be someone who has known you for at least two (2) years and is not a relative.

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

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

The City of Valdez enforces their "NO SMOKING" ordinance in all City Buildings. The landlord, (Valdez Senior Citizen's Center, Inc.) has the right to decide if they will rent to smokers or non-smokers. Neither State nor Federal law makes smokers a protected class. VSCC Inc. at the September 16, 2008 meeting of the Board of Directors adopted and supports the ordinance requiring the Valdez Seniors Citizen's Center to be a "smoke free" building. This is to include areas within the confines of this building, including the apartments and the carport. Smoking by residents, their visitors or guests, or employees is not in compliance with the Senior Center policy and shall be conducted in areas 20 feet away from the building and carport.

By signing below, you agree that the information you have provided is correct and to the best of your knowledge.

Signature

Date

(For office use only)

Application Received Date: \_\_\_\_\_

Board of Directors Meeting Date: \_\_\_\_\_

Board Member Initials Date: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Board Initials \_\_\_\_\_  
\_\_\_\_\_

If application is disapproved, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Dues Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_