



1300 E Hanagita
PO Box 1635
Valdez, AK 99686
907-835-5032
Fax: 907-835-2518
www.valdezseniorcenter.org

Housing Application
(Please Print)

Today's Date: Phone Number: ( )

Applicants Name:

(First applicant)

Applicants Name:

(Second applicant)

Mailing Address: City/State/Zip

Physical Address:

(If different from your mailing address.)

Current Landlord:

(Name/Address) For those who rent or lease their current residence.

May we contact them? Yes No Phone Number:

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

Do you have pets? Yes No (We currently have a no pet policy.)

Valdez Senior Center (VSC), in keeping with federal law, does allow a tenant to keep a service animal (SA)/ emotional support animal (ESA)/psychiatric service dog (PSD) in their apartment. Upon submission of appropriate required documentation to the Executive Director, a conditional authorization to keep an SA/ ESA/PSD animal may be issued. Tenant will be required to review and sign the Animal Policy prior to keeping any animal in their apartment.

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

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

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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.

(Please print first & last name)

(Phone number)

(Address)

2.

(Please print first & last name)

(Phone number)

(Address)

The City of Valdez enforces their "NO SMOKING" ordinance in all City buildings. The landlord, (Valdez Senior 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. VSC Inc. at the September 16, 2008 meeting of the Board of Directors adopted and supports the ordinance requiring the Valdez Seniors 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 at the designated smoking area.

***The Valdez Senior Center is a pet free facility. Pets may visit once they have seen a certified vet for temperament testing and have all up to date shots (records must be on file with the VSC office). In this event pets may visit but must be confined to the individual's apartment.***

It is at the discretion of VSC to conduct background and credit checks on applicants after they have been formally offered an apartment. The result of the checks may have barring on eligibility to actually take residency at the center.

Approval of this housing application does not guarantee you will be eligible to move into the apartment complex.

***Yearly membership dues are the responsibility of each applicant and MUST be paid by January 31<sup>st</sup> of each year to stay on the active housing list. Failure to pay by January 31<sup>st</sup> will result in removal from the waiting list. Payment of dues after January 31<sup>st</sup> will be considered a new housing application for Board consideration and approval.***

By signing below, you agree the information you have provided is correct to the best of your knowledge, and you understand background and credit checks may be performed.

Signature (First applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Second applicant) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

(For office use only)

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

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Board Officer Initials: \_\_\_\_\_

If application is disapproved, please explain: \_\_\_\_\_

\_\_\_\_\_

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