



**North Slope Borough Department of Health & Social Services**

**Utuqqanaaqagvik - Senior Citizens' Center**

- PO Box 69 Barrow, AK 99723 •
- Phone (907) 852-0276 • Fax (907) 852-0345 •

**SHORT TERM TENANT APPLICATION**

**907-852-0276 OFFICE**

**907-852-0345 FAX**

**General Information**

Full Name			
Mailing Address			
Daytime Phone #		Evening Phone #	
Date of Birth		Emergency Contact Person	
Emergency Contact Phone #			
Emergency Contact Address			
Type of Housing Requested	Single \$30/night	_____	Double \$35/night
To ensure availability of apartments at the Senior Center, Please provide your arrival date as much in advance as possible (if known)			
Date of Arrival: _____			
Date of Departure: _____			
List all the names of the tenants that will live in the unit:			
1. Name: _____ Relationship: _____ DOB: _____			
2. Name: _____ Relationship: _____ DOB: _____			

**Medical Information**

1. Do you have a disabling condition that requires a caretaker, either part-time or full-time?					
<b>Yes:</b>	<i>Part-time</i>		<i>Full-time</i>		<b>No</b>
2. Will this caretaker live with you?		<b>Yes</b>	_____	<b>No</b>	_____
3. Do you use any of the following:					
Walker _____		Cane _____		Wheelchair _____	
<b>4. Please provide proof of all tenants' T.B. results with this application.</b>					

I certify the information on this application are accurate and complete to the best of my knowledge and understand that any future changes in my income or health status must be reported to the NSB Department of Health & Social Services immediately. I understand that false statements or information are grounds for termination or denial of housing assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Caretaker

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>		
Approval Date:	Apartment #	Key Issued
Rent Paid	Billing Information:	