

**Department of Corrections
c/o Spring Creek Correctional Center
3600 Bette Cato
Seward, AK 99664**

OCCUPANCY NOTIFICATION AND AGREEMENT

TO: SCCC Administrative Officer, phone (907) 224-8200, fax (907) 224-8062

FROM: _____
Employee/Tenant Employee ID Number

Effective _____, 20____, I moved in to housing unit number _____ located at _____.

I acknowledge that the rental rate for the housing unit will be set in accordance with the terms of the bargaining unit agreement under which I am employed with the State of Alaska. If the bargaining unit agreement is silent regarding a rental rate, I will pay the rate established in this agreement.

I understand that **rental payments will be payable monthly in advance** and will be due on the first day of each month. My rental payments will be made by payroll deduction.

Any payments made by personal check or money order prior to routine payroll deductions for rent must be mailed to the above address in sufficient time to be received by the first day of the month.

At termination of occupancy any prepaid rent, less any cleaning charge, will be prorated and refunded to the employee according to the number of days the tenant occupied the unit.

In connection with my occupancy of the housing unit, I agree to the following conditions:

1. I will make no alterations, changes or repairs to the housing unit.
2. Since the housing unit has a shared common area, I understand that I will be responsible for normal household cleaning and light duty maintenance (change light bulbs, etc.).
3. I agree to be financially responsible for all loss or damage to the unit assigned to me. At the termination of my occupancy, I will return the unit and furnishings to DOC in at least as good a condition as when obtained upon occupancy, with the exception of normal wear and tear.
4. I will not sublet the unit or accept reimbursement from other persons for the use of the unit for any purpose.
5. I will not operate or permit any member of my immediate family to operate any business or other commercial enterprise in the unit or grounds.
6. I will not smoke in the unit, and no alcohol and/or pets will be in the housing unit, nor will there be use of recreational drugs.
7. I agree to promptly report any damage or malfunctions to the housing unit and any discontinuation of utility services. I understand that these reports should be made to the SCCC Administrative Officer as soon as possible.
8. I understand that if my personal belongings occupy the housing unit, even though I am not residing there, I will be responsible for paying rent until my belongings are removed.

Rent for 2BR suite (per room) = \$487.50 / month

Rent for 4BR Suite (per room) = \$487.50 / month

Security deposit required = \$500

Cleaning deposit (non-refundable) = \$400

I have attached a check or money order payable to the State of Alaska to cover the applicable security and cleaning deposit.

I hereby certify that the information entered on this form is true to the best of my knowledge:

Employee/Tenant

Date

Administrative Officer

Date