

# FOUR BEDROOM APPLICATION FOR BEAR CAT DEN FOR 2018/2019

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(Please type or print legibly)

NAME \_\_\_\_\_ GENDER IDENTITY Female Male  
Last Name/Family Name First Name/Given Name Middle Name

HOME ADDRESS \_\_\_\_\_  
Street Address City State/Province/Country Zip/Postal Code

BIRTHDATE \_\_\_\_\_ HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

UNIVERSITY/COLLEGE ATTENDED \_\_\_\_\_ Year \_\_\_\_\_

ACADEMIC YEAR HOUSING REQUEST FOR  Myself  My Family  Starting Semester  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Summer Only 20\_\_\_\_

I require ADA accommodations or equipment for the mobility and/or hearing-impaired  No  Yes Please specify accommodation(s) requested, special physical needs, medical conditions or prescriptions, or other pertinent information which you would like to disclose and make Residence Life staff aware of in order to better serve you \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION: The person you list below will be contacted in the event you should become injured or incapacitated

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City State/Province/Country Zip/Postal Code

TELEPHONE Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT INFORMATION: The person you list below will be contacted in the event you should become injured or incapacitated

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City State/Province/Country Zip/Postal Code

TELEPHONE Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SINGLE STUDENT HOUSING OPTIONS

**An application fee of \$50 must accompany this application in order to be processed and reserve a space in one of your preferred choices below. The deposit is your personal responsibility and cannot be paid via financial aid award.**

Please indicate your housing assignment preferences below by making a "1" by your first choice, "2" by your second choice, "3" by your third choice, etc. Academic Housing, LLC works to honor preferences as best that we can, however, assignment decisions are based upon availability and occupancy demands at the time of application/contract processing.

### APARTMENTS/TOWNHOUSES:

- \_\_\_\_ 4 Bedroom Apt./4 person/private bedroom/private bath-412 Summerfield (\$425 mo per person)
- \_\_\_\_ 4 Bedroom Apt./4 person/private bedroom/private bath - 410 Summerfield (\$425 mo. Per person) - No Balcony
- \_\_\_\_ 4 Bedroom Townhouse/4 person/private bedroom/private bath with Balcony (\$450 mo. Per person)

**UTILITY DISCLOSURE: Included in monthly rent is trash service, internet service (wifi) and basic cable and basic furnishings. Each apartment will be responsible for reimbursing Academic Housing for water, sewer, and electric.**



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## ROOMMATE REQUEST

Those applicants requesting roommates are encouraged to submit their application as soon as possible. All requested roommates must have their applications submitted before being assigned.

Please indicate your apartment preferences below by placing a "1" by your first choice, a "2" by your second choice, etc. Please check [website](#) for current rates for the academic year.

Four-Bedroom

List below requested roommates. **Criminal background checks and credit checks may be conducted on all potential adult applicants (at Student's additional expense).**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## PAYMENT:

A non-refundable application fee is payable upon receipt of the application in the amount of fifty dollars (\$50) payable to Academic Housing, LLC.

Please remit payment in either check or credit card. For credit card transactions:

Type of Card (Master Card or Visa)

Name on Card: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_

## ACCEPTANCE

By signing this form, I certify that all information submitted on this application/contract is true and accurate.

I hereby also certify that I understand that the document that I am signing is **legally binding for the specified contract terms as outlined in the terms and conditions** for the associated Academic Year. (Please note that by typing your name in the signature sections of this document that you agree that your electronic signature is the legal equivalent of your manual signature, thereby making you legally bound by this agreement's terms and conditions).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

(ONLY required if applicant is under 18 years of age at time of application/contract)