



College Housing Application 2011-2012

Residence Life Office 520.494.5470

For Office Use Only

Date app rec'd: _____
Date deposit rec'd: _____
Date immun. rec'd: _____
Date contract rec'd: _____

Last Name First Name Middle Student ID #

Mailing Address City State Zip County Country

Home Phone Cell Phone Email

Parent or Guardian Work Phone Home Phone Cell Phone

Gender Age Date of Birth Major/Field of Study Semester applying for: Fall (Year) Spring (Year)

I am applying as: New Student Returning Student NAU Student*

* NAU Students must provide copy of class schedule showing full time enrollment

In case of an emergency, please contact:

Full Name Relationship Home Phone Work Phone Cell Phone

I authorize _____ to take possession of my personal property in case of an emergency.
(Full Name & Phone Number)

THE \$100 HOUSING DEPOSIT, THE BACKGROUND INFORMATION FORM, HOUSING TERMS AND CONDITIONS CONTRACT AND THE IMMUNIZATION RECORDS MUST BE SUBMITTED WITH THIS APPLICATION.

Housing Preference:

Please check/rank the housing preferences. Preference does not guarantee assignment.

- | | |
|--|--|
| <input type="checkbox"/> Theme Housing | <input type="checkbox"/> Independent Housing |
| ___ Academic Focus | ___ Quad |
| ___ Wellness | ___ Suite* (very likely 3 students per room for Fall semester) |
| | ___ Tower |

In order to live in one of the Theme Housing you MUST agree to their mission statement:

- **Wellness** - all students residing in this community are committed to their overall wellness and are substance free at all times.
- **Academic Focus** - 24-hour quiet living where each student holds themselves to the personal high academic standards.

Roommate Preference:

In order for the roommate preference to be honored, **both/all individuals MUST request each other** (please use first and last name when requesting). Roommate preferences will be attempted to be honored for the complete applications that are received by June 1.

Roommate 1: _____ Roommate 2: _____

Do you have physical or medical needs/accommodations? Yes No

If yes, please describe: _____

*For any accommodations to be granted, you must register with Disabilities Student Services at 520.494.5409.

Personal Information:

Following information will aid in the roommate selection process (please answer for yourself)

- | | | | |
|---|---|--|------------------------------------|
| <u>I prefer to study:</u> | <u>I prefer my room to be:</u> | <u>I consider myself to be:</u> | <u>My room appearance is:</u> |
| <input type="checkbox"/> In a quiet place | <input type="checkbox"/> Very quiet | <input type="checkbox"/> Morning person | <input type="checkbox"/> Very neat |
| <input type="checkbox"/> With the TV/music on | <input type="checkbox"/> Moderate noise | <input type="checkbox"/> Late night person | <input type="checkbox"/> Average |
| <input type="checkbox"/> At the library | <input type="checkbox"/> Loud | <input type="checkbox"/> Not too early, not too late | <input type="checkbox"/> Messy |
| <input type="checkbox"/> With a friend | | | |

I plan on spending my weekends:

- On campus
- Off campus
- Out of town

When I sleep, I need:

- Dark and quiet
- Some light and noise
- I can sleep whenever

My typical bedtime is:

I have read, understand and accept the terms of the License for Use of the Residence Hall Facilities and all conditions of the residence as stated therein or incorporated by reference. I will abide by the terms of CAC policies, rules and procedures pertaining to students as published in the Residence Life Handbook and the Student Code of Conduct. I understand and agree that should I fail to make arrangements for late arrival that my room may be given away to another student within 48 hours of the opening date. I further accept all financial responsibility for the full occupancy period that I have indicated above, including fines, fees, and charges as incurred by me during my residence.

Send all your documents to:

Residence Life
8470 N Overfield Road
Coolidge, AZ 85128
520.494.5455 (fax)
rlstaff@centralaz.edu (email)

Applicant's Signature Date

Parent/Guardian (if under 18) Date

Release of Background Information:

I, _____, an applicant for Residence in Central Arizona College's Student Housing, hereby authorize Central Arizona College to obtain criminal history record information from any law enforcement agencies, which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports. I hereby release Central Arizona College and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to Central Arizona College. Applicants with a pending charge or a conviction of a felony, class A misdemeanor, class B misdemeanor may be declined by Housing. In addition, I certify that I have submitted correct and updated information concerning any legal issues. Further, I certify that I understand that providing false information on this application will be the grounds for immediate eviction from the student housing and that any future arrests while living in student housing may result in immediate eviction.

Name	SSN	Maiden Name	Date of Birth	Sex
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Type of Documentation (check one and send copy):

- [] Driver's License # _____ State Issued _____ Exp Date _____
- [] State Identification # _____ State Issued _____ Exp Date _____
- [] Passport # _____ Country Issued _____ Exp Date _____
- [] Military ID

Do you have any pending charges or convictions*? Yes No

*If you are a minor AND have a record as a minor, you must disclose them at this time.

If yes, please list all pending charges or convictions (include date, classification, circumstance, location and current status):

Probation / Parole Office Name (if applicable)	Phone Number
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