



## Personal Information (print or type)

 Year & Quarter you plan to begin: Year: \_\_\_\_\_  Fall (Sept. – Dec.)  
 Winter (Jan. – March)  Spring (March – June)  Summer (July-Aug.)

Last Name (Family Name) \_\_\_\_\_

First Name \_\_\_\_\_

English Nickname \_\_\_\_\_

 Male  Female  Gender neutral

 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
 (Month) (Day) (Year)

 EDCC Student ID Number \_\_\_\_\_  CWU Student

Student's Address (Current address or Home Country/Family address):

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Native Language: \_\_\_\_\_

Emergency Contact and Phone of Relative (either in the U.S. or abroad)

\_\_\_\_\_ (Name) (Phone)

\_\_\_\_\_ (Email) (Relationship)

\_\_\_\_\_ (Address) (Country)

**Housing and Residence Life Office**  
 20000 68<sup>th</sup> Avenue West  
 Lynnwood WA 98036  
**Phone:** 425-640-1080  
**Email:** [housing@edcc.edu](mailto:housing@edcc.edu)  
**website:** <http://housing.edcc.edu>

**Office Use Only**  
 Received \_\_\_\_\_  
 Fee Paid \_\_\_\_\_  
 BG Sent \_\_\_\_\_  
**Domestic App**

## Arrival Information

**SEE WEBSITE FOR APPROVED ARRIVAL DATES - <http://housing.edcc.edu>**
**Early arrivals** make their own arrangements for transportation & hotel

- 
- I need airport pick-up on
- Arrival Day**
- .
- 
- 
- I am arriving after the
- Arrival Day(s)?**

**Flight Arrival Information:** Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_  
 Arrival time in Seattle \_\_\_\_\_

 I will arrive at the Housing Office **on my own** on **Arrival Day** : Day \_\_\_\_\_ Time \_\_\_\_\_

 If not decided now, please send information to [Housing@edcc.edu](mailto:Housing@edcc.edu) at least 2 weeks before Arrival.

## Reasonable Accommodation

Do you require any special physical or learning assistance?

No  Yes

Please describe: \_\_\_\_\_

Do you have any medical conditions or allergies?

No  Yes

Please describe: \_\_\_\_\_

## Application Responsibility/Expectations

Please be aware that we will do our best to fit you with your room request, but we do not guarantee your first choices. Confirmation of room assignments will be sent out some time in the month prior to arrival (Fall-placements are sent out starting in July) **There is no refund on the \$275 application fee unless we are not able to place you in a room.** After being assigned a room, you agree to move in, and follow all Housing and College Policies and pay at least one quarter's worth of rent/stipend. Also, please note that the College does not cover personal items for insurance purposes.

\_\_\_\_\_  
(Student's printed name)

Date

\_\_\_\_\_  
(Student's signature)

## Fee Payment

**Quarterly Housing Payments made by:**

Agent  Student/Family

Financial Aid  Other - if so What? \_\_\_\_\_

E-mail of person paying \_\_\_\_\_

**How will you pay \$250 application fee (non-refundable if we offer room):**

I will pay with a **credit card** (see below for sending credit card information)

I will pay with **check** (attached)

I will pay with **wire transfer** -Wire amount? \_\_\_\_\_ date sent? \_\_\_\_\_



Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exact Name on the Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_ Total you want charged: \_\_\_\_\_

\$275 Housing Application Fee (must be paid with Housing Application)

Other items you would like to pay for now?  Deposit (\$200)  Cleaning Fee (\$200)

Airport Pick Up (\$25 for arrival date(s) only)  Housing Rent/other \_\_\_\_\_

## Medical Release Form (for students under age 18)

The Housing Office must follow specific procedures for accommodating, supporting and monitoring student's under 18 years of age studying at Edmonds Community College.

### Medical Release Form

Hospitals and physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parent/guardians are not readily available to consent to treatment.

Copies of the form will be made available to International Education Division, International Student Services, Housing and Student Life offices of Edmonds Community College.

I, \_\_\_\_\_, the parent of \_\_\_\_\_ (student) authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, at the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance. Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Residence Halls



**Contract for:**  3 quarters  4 quarters

Only at EdCC for 1 or 2 quarters?

**What is your Building Choice? (rank your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>):**

\_\_\_\_\_ Spencer Court (18 & Older) \_\_\_\_\_ Rainier Place (17 & Older) \_\_\_\_\_ Sophie Court (21 Older)

**Room type – see website for apartment types, room types, and prices (rank your 1st, 2nd and 3rd choice):**

Single bedroom (  in 4 bedroom, or  2 bedroom apartment)

Shared bedroom (in master bedroom, or shared studio, or 2 bedroom apartment)

Single studio (Rainier Place only)

Any room type is ok

**Apartment type :**

Single sex apartment (all female or all male)

Co-ed apartment (2 females and 2 males together in apartment)

Either ok

**General:**

Are you an athlete at EdCC?  YES – Which sport? \_\_\_\_\_  NO

Do you smoke?  YES  NO Are you allergic to smoke?  YES  NO

What are your hobbies? \_\_\_\_\_

Vegetarian?  YES  NO

Is there someone you would like to live with? \_\_\_\_\_

Other preferences for your room/apartment? \_\_\_\_\_

Each adult over the age of 18 must complete a separate application.

	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
<b>CLIENT #:</b> _____					

**CRIMINAL**   
  **CREDIT**   
  **CREDIT/CRIMINAL**   
  **CREDIT/CRIMINAL/EVICTION**   
  **COMPREHENSIVE**

**APPLICATION TO RENT**    Apartment # \_\_\_\_\_    Move-in Date \_\_\_\_\_    Rent \$ \_\_\_\_\_    Lease \_\_\_\_\_

Applicant   
  Roommate w/ \_\_\_\_\_   
  Cosigner   
  Section 8

**APPLICANT INFORMATION**

(LEGAL) Last Name			First	Middle	Soc. Sec. #			Date of Birth			
Other Names Used			Drivers License #/State			Email Address			Contact Phone Number		
<b>Other Persons to Occupy Rental:</b>	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB			
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB			
<b>Pets to occupy unit: Attach separate sheet if needed</b>	1	Name	Type	Weight	2	Name	Type	Weight			

**RESIDENCE HISTORY**

Present Address				City	State	Zip	From _____ To _____		Monthly Pmt \$
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____								Landlord Evening Phone: _____	
Previous Address				City	State	Zip	From _____ To _____		Monthly Pmt \$
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____								Landlord Evening Phone: _____	

**EMPLOYMENT HISTORY**

Current Employer			Monthly Salary \$	Supervisor's Name		How long? Yrs _____ Mos _____
Address			City	State	Zip	Phone _____ Occupation/Department _____
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 <sup>nd</sup> job			Monthly Salary \$	Supervisor's Name		How long? Yrs _____ Mos _____
Address			City	State	Zip	Phone _____ Occupation/Department _____

**ADDITIONAL INCOME** – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder  
 Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Sources \_\_\_\_\_

**VEHICLE INFORMATION**

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

**EMERGENCY INFORMATION**

Nearest Relative	Relationship	Address	City	State	Zip	Phone ( ) _____
Emergency Contact	Relationship	Address	City	State	Zip	Phone ( ) _____
Personal Reference	Relationship	Address	City	State	Zip	Phone ( ) _____

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  Yes  No  
 IF YES, please list the date, city, state and type of all convictions: \_\_\_\_\_  
 Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER?  Yes  No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD?  Yes  No  
 IF YES:    APT NAME: \_\_\_\_\_    CITY \_\_\_\_\_    STATE \_\_\_\_\_

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

**Non-Refundable Processing Fee \$** \_\_\_\_\_    **Check/Money Order #** \_\_\_\_\_

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ \_\_\_\_\_ has been paid. Applicant requests landlord to hold Unit \_\_\_\_\_ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed \_\_\_\_\_  
Applicant

Dated \_\_\_\_\_

**I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.**

Signed \_\_\_\_\_  
Landlord

\_\_\_\_\_ Position

Dated \_\_\_\_\_

