



# Housing Application



## Personal Information (print or type)

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

**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>

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

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

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

International Student  US Student  Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)  Gender neutral

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

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)

## Agent Information

Agency Name: \_\_\_\_\_ My contact person is: \_\_\_\_\_

Agent Phone # \_\_\_\_\_ Agent E-mail Address \_\_\_\_\_

## What is your Housing Choice? (rank your 1<sup>st</sup> and 2<sup>nd</sup> choice)

\_\_\_\_\_ Homestay (16 years and older) \_\_\_\_\_ Residence Hall (17 and older)

We will do our best to place you in your first choice, but there is no guarantee. We will let you know your Housing placement at least one month before Arrival Dates.

## 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**. Flight arrival information: Date \_\_\_\_\_

I am arriving after the **Arrival Day(s)**?

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 \$250 application fee unless we are not able to place you in a space.** 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)                      (Date)

## 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 space):**

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

I already paid this fee with International Student Services (ISS) \$50 Application Fee

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: \_\_\_\_\_

\$250 Housing Application Fee (must be paid with Housing Application)

Other items you would like to pay for now?  Late Application Fee (\$100)  20 days (\$460)

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

# Homestay



- Do you smoke?       Frequent       Seldom       Never
  
- Is your bedroom...?       Very neat       Neat       Un-organized       Messy
  
- How would you like to spend your free time (please rank 1, 2, 3)  
    With your host family?       With your friends?       Alone?
  
- If available, I prefer a home:  
    WITH children (age 0-5)       WITH children (age 6-12)       WITHOUT children
  
- If available, I prefer a home:  
    WITH other international students       WITHOUT other international students
  
- Do you have any dietary restrictions? (no guarantee it can be provided) Please list:  
\_\_\_\_\_
  
- Do you have any religious preferences? \_\_\_\_\_
  
- Other preferences or concerns? \_\_\_\_\_
  
- What are your hobbies? \_\_\_\_\_
  
- Parent(s) Occupation(s): \_\_\_\_\_

**Please write a few sentences introducing yourself to your host family (include: favorite activities, your family information, your studies and dreams...):**

**Student Homestay Responsibilities: All students are responsible for abiding by all Homestay and Edmonds Community College policies and contractual agreements especially including:**

1. Respect and follow the guidelines of the family and try to resolve any conflict with the host family
2. Let the host family know if I will miss dinner or come home late
3. Agree to stay in the homestay program for at least one full quarter
4. Notify the Housing Office and host family at least 20 days before planning to change host families or move out
5. Do not break any laws during my stay with the homestay family (alcohol, drugs, fight, etc)
6. Pay for any damage caused by me, or guests, before moving out
7. Pay for first quarter within the first week of arrival- pay for future quarters, middle of the prior quarter (see website for dates)
8. If student chooses to move out before the end of the quarter, there are no refunds

Violation of above responsibilities may result in: cancellation of housing, formal college disciplinary action, fines for services, and other judicial action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Residence Halls



**Contract for:**       3 quarters                       4 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? \_\_\_\_\_