

### Housing and Residence Life Office 19920 68th AVE W Lynnwood, WA 98032



P: 425-640-1080 || E: Housing@edmonds.edu

W: https://www.edmonds.edu/student-services/housing-and-residence-halls/

## International Housing Application Process

Step 1: Turn in your complete application along with applicable fees.

Step 2: Watch for emails regarding missing items or other needed information.

**Step 3**: The placement process begins 1-2 months before the quarter starts. Shortly after placements are completed, you will be notified if you have been placed or if you will be on the waitlist.

**Step 4**: If you are sent placement, you will need to confirm your placement and inform us of your arrival date and estimated arrival time. If you are on the waitlist, you will need to let us know if you want to stay on the waitlist in case any room opens up.

Step 5: Move in on arrival day!

### Housing Application Checklist

Items below are needed for an application to be considered complete

Application including housing choices or homestay preferences
Application fee
Minimum Advance Placement fee (Covers the first 30 nights in
homestay) (required for homestay applicants)
Other fees (if required)
Student's Passport or Photo ID
Signed medical consent form (if required)
Arrival information
Background check form (if required)



Homestay:





Personal Information	International	2023-24	Office Use Only
Year & Quarter you plan to begin: Year:	Fall(S	ept Dec.)	Date Received:
○ Winter (Jan March) ○ Spring (March - June)	Summ	er (July - Aug.)	Fee(s) Paid:
Last Name:			BG Sent:
First Name:			Housing Choice:
Preferred Name/Nickname:			Quarter:
Date of Birth://Age	e:		
Male			
Student ID Number:			
Are you a CWU student? Yes O No O			
International Student \( \text{U.S. Passport Holder} \)	)		
Current Address or Home Country/Family Addre	ess_		
Address:			
City:Postal Cod	le:	State	/Province:
Country:	Phone:_		<del>-</del>
Student's Email:			
Country of Citizenship:			
Native Language:			
Emergency Contact Information			
(Name)		(Phone)	
(Email)		(Relationship)	
(Address)		(Country)	
Agent Information			
Agency Name:	My Cont	act Person:	
Agent Phone #:	Agent E	mail Address:_	
What is your Housing Choice? (Rank your	1st and 2nd choice	e)	

Residence Hall:



# Priorities: In order of importance to you, please rank your top 3 choices (1st, 2nd, 3rd), with 1 being most important (Your preferences will be strongly considered, but cannot be guarenteed to be available.) Relationship with host (Spend time with host - conversation, activities, host has more expectations and house rules)

Relationship with host (Spend time with host - conversation, activities, host has more expectations and house rules)
Independence/Freedom (Hang out with friends, often go home after dinnertime; may be out late on weekends)
Home that hosts only 1 or 2 international students
Home with small children
Home without small children
Native English speaking host (Please be aware that most of these homes have a pet dog and/or cat.)
Your studies
Very clean home
Dietary needs (Please explain)
Special requests (Please explain)
Close to school or convenient bus
Do you smoke? Never Seldom Sometimes Frequently  (If you are not accurate about this, it could result in immediate removal from Homestay without a refund.)



### Please Write a Few Sentences Introducing Yourself to Your Host

Include: favorite activities and hobbies, your family information, your studies, and anything you would like your host to know about you.



### Homestay Student Responsibilities

All students are responsible for abiding by all Homestay and Edmonds College policies and contractual agreements, especially including:

#### I will:

- 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. Move to a new home only when approved.
- 5. Not break any laws during my stay with the homestay family (alcohol, drugs, fights, etc.).
- 6. Pay for any damage caused by me, or my guests, before moving out.
- 7. Pay for the first quarter within the first week of my arrival and pay for future quarters by the appropriate due date.\*
- 8. Not expect any refund if I choose to move out at any time during the Homestay Quarter (arrival to arrival).

Violation of above responsibilities (and those included in your Student Handbook) may result in: Cancellation of housing, immediate removal from housing, formal college disciplinary action, fines for services, and other judicial action.

from housing, formal college disciplinary action, fines for services, and other judicial action.			
$\hbox{``See our important dates here: https://www.edcc.edu/housing/Important-Dates.html}$			
Signature	Date		

Residence l	Hall		
Contract for:	○ 3 Quarters ○ 4 Quarters		
	Only at EC for 1 or 2 Quarters? How many quarters?		
	Why?		
***			
What is your bu	ilding choice? (Rank 1st and 2nd)		
	Rainier Place Triton Court		
Room type - See	website for apartment types, room types, floor plans, and prices (Rank 1st, 2nd, etc)		
	Single bedroom in a 4 bedroom unit (Rainier Place only)		
	Single bedroom in a 3 bedroom unit (Triton Court only)		
	Single bedroom in a 2 bedroom unit (Rainier Place and Triton Court)		
	Studio (Rainier Place and Triton Court)		
	Shared room in a 2 bedroom unit (Rainier Place and Triton Court)		
	Shared studio (Rainier Place and Triton Court)		
Apartment type:			
	Single sex apartment (all female or all male)		
	Co-ed apartment (2 females and 2 males together in an apartment)		
	○ Either is ok		
General:			
Are you an athle	te at EC? O No Yes - Which sport?		
Do you smoke?	○ Never ○ Seldom ○ Sometimes ○ Frequently		
Are you allergic t	to smoke? ONo Yes		
What are your h	obbies?		
Vegetarian?	No Yes Or other dietary restrictions?		
Is there anyone i	n particular that you would like to live with?		

Other preferences for your room/apartment?

Reasonable Accommoda	tion		
Do you require any special physical Please describe:	al or learning assistance?	○ Yes	○ No
Do you have any medical condition Please describe:	ns or allergies?	○ Yes	○ No
Arrival Information			
SEE WEBSITE FOR APPROVED ARRIVAL DAT	ES - http://housing.edcc.edu		
Early Arrivals make their own arrangement	nts for transportation and hotel until offi	cial arrival date	
I need airport pick-up on Arrival Da	<u>y.</u>		
I am arriving after the Arrival Day(s	<u>s)?</u>		
Flight Arrival Information			
Date: Airline:	Flight #:	Arrival tin	ne in Seattle:
I will arrive at the housing office on	my own on Arrival Day. Date:		Time:
If not decided now, please send information to he	ousing@edcc.edu at least 2 weeks before arriva	ıl day.	
Application Responsibili	ties/Expectations		
personal items for insurance purp  (Student's Printed Name)		t's Signature)	(Date)
•			,2 400
Medical Release Form (F	or Students under the Age	of 18)	
	r specific procedures for accomm der 18 years of age studying at E		g, and monitoring students
	Medical Release Fo	orm	
Hospitals and physicians may be guardians. This can cause proble available to consent to treatment.	reluctant to treat or care for c ms if the child has a medical en	hildren without co nergency and parei	nsent from parents or legal nt/guardians are not readily
Copies of the form will be made Housing and Student Life offices o	available to International Educ of Edmonds College.	ation Division, Int	ernational Student Services
I,	the parent of		(Student)
authorize and consent to medical child by a licensed physician or treatment and procedures are imbeing, and it is not advisable to tal elect not to be informed in advance possible alternatives, and risks, con alternative forms of treatment, income	hospital when, at the sole dis mediately necessary or advisabl ke the time to contact me in adva ce of the nature and character of mplications, and anticipated bene	cretion of the atte e in the interest of ance. Under the circ the proposed treat	ending physician, such care my child's health and well cumstances set forth above, ment, its anticipated results
Signature of Parent	Date		
-			
Witness	Date		

1 ee Fayilleilt				
Quarterly Housing Pay	ments made by	у:		
○ Agent ○ Stu	dent/Family	<ul><li>Sponsorship</li></ul>	<ul><li>Financial Aid</li></ul>	Financial Aid/Student/Famil
Other - If so, wha	at?			
Email of person paying				
Name of person paying			Relationsh	ip to Student
How will you pay the \$				
O I will pay with a	credit card			
O I will pay with a	check			
O I will pay with a	<b>wire transfer</b> fr	om my bank		
Wire amount:		Date	e sent:	
P 1- C - 1				
Paying by Credi	it Card			
If you are intending to on how to do so after v	- 1		•	l, you will receive instructions
	ntil payment is	received and proces	= =	ee payment. An application is not ch we place students depends on
Housing fees that will	be included in	your credit card pay	ment?	
\$275 Housing Ap	plication Fee (1	_		
○ \$919.50 Minimu	n Advance Plac	cement Fee (Required	for Homestay Students bef	ore placement)
O \$200 Deposit (Re	sidence Hall)			
○ \$200 Cleaning Fe	e (Residence H	all)		
\$100 Airport Pic	k-Up			

O Housing Rent/other:\_\_\_\_\_