



Personal Information (print or type) 01/11/18

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 68th Avenue West
Lynnwood WA 98036
Phone: 425-640-1080
Email: housing@edcc.edu
website: <http://housing.edcc.edu>

Last Name (Family Name) _____
First Name _____
English Nickname _____

International Student US Student Male Female

Office Use Only
Received _____
Fee Paid _____
BG Sent _____

Date of Birth _____ / _____ / _____
(Month) (Day) (Year) Gender neutral

AGE _____

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 1st and 2nd 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 start sending out placement information the month prior to Arrival Dates (two months for Fall)



Priorities: In order of importance to you, please rank your top three choices (1st, 2nd, 3rd), with 1 being most important: (Your preferences will be very strongly considered but cannot be guaranteed to be available.)

- _____ 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 one or two 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
- _____ Dietary needs (Please explain.) _____
- _____ Special requests (Please explain.) _____
- _____ Close to school or convenient bus

Smoking: Do you **ever** smoke, anywhere? very little some a lot **NEVER!**

(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 for your host to know about you.)

Homestay Student Responsibilities:

All students are responsible for abiding by all Homestay and Edmonds Community 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, only when approved, on the next Arrival Day or 1st day of the month.
5. not break any laws during my stay with the homestay family (alcohol, drugs, fight, etc)
6. pay for any damage caused by me, or my guests, before moving out
7. pay for first quarter within the first week of arrival and pay for future quarters, middle of the prior quarter (see website for dates)
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, formal college disciplinary action, fines for services, and other judicial action.

Signature

Date



Contract for: 3 quarters 4 quarters Asking for other
 Are you only at EdCC for 1 or 2 quarters?

What is your Building Choice? (rank your 1st, 2nd, and 3rd):

_____ 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? _____

Are you a Veteran YES NO

Arrival Information

3/17/17

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 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 (see Student Handbook) and pay at least one quarter's rent/stipend by the first week of move in and pay for each quarter after, the month before the new quarter starts. Also, please note that the College does not cover personal items for insurance purposes.

(Student's printed name)

(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 \$275 application fee (non-refundable if we process application and offer a room) and \$789 Homestay first month if applying for homestay:

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

I will pay with **wire transfer** Wire amount? _____ Date sent? _____

I will pay with **Check** (Attached)



Student Last Name: _____ First Name _____

Student ID Number: _____

Credit Card Number _____

Exact name on the card: _____

Expiration date: _____ CVV Code _____ Total you want charged: _____

To be paid now:

- \$275 Housing Application Fee (must be paid with Housing Application)
- \$789 Minimum Advance Fee (For Homestay – first month - deducted from Quarter rent cost)

Other items you would like to pay for now? Orca Bus Card (\$50 for first 2 weeks)

Airport Pick Up (\$25 for arrival date(s) only) 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

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

Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
CLIENT #: _____				

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		
Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB			
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB			
Pets to occupy unit: Attach separate sheet if needed	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 nd 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 _____

