STUDENT HOUSING



2019-2020 Application

ELIGIBILITY:

 Must be a full-time student (at least 12 credits each semester). Contact Director of Student Life if not a full-time student.

WHAT'S INCLUDED:

- Utilities (Heat, Water, Electricity, etc.)
- High Speed Internet
- Standard twin bed and dresser
- Kitchen table and chairs
- Stove & refrigerator

DIRECTIONS:

- Fill out both sides of the application completely.
- Sign the bottom of the application.
- Return your completed application and your \$150 security deposit. Applications received without a security deposit are not valid.

Applications should be mailed to:

Bay College Student Housing

2001 N. Lincoln Road

Escanaba, MI 49829

Questions? Contact:

Dave Laur

906-217-4031

dave.laur@baycollege.edu

FIRST & LAST NAME:				
HOME ADDRESS:				
		·		
E-MAIL ADDRESS:				
ACADEMIC PROGRAM OR MAJOR:				
PENDING CRIMINAL CHARGE	S FOR AN ASSAULTIVE CF	RIME, DRUG CRIME, OR FELOI		
RETURNING STUDENTS ONLY; PLEASE INDICATE YOUR PREFERRED APARTMENT FOR 2019-2020:				
First Choice	Semester Rent	Refund	Policy	
☐ 4 person/2 bedroom apt.	\$1600 per person	- Cancel by June 15:	100% refund of deposit	
☐ 2 person/1 bedroom apt.	\$1600 per person	Cancel June 15-Aug.1:Cancel after Aug. 1:	•	
Semester rent is non-refunda	ble/adjustable after the secor	<u> </u>	nust be paid in full, covered entirely	
	· •	an through the Student Accounts Of	• • •	
your Housing assignment may b		-	, , ,	
ROOMMATE PREFERENCE(S): 1.		2		
	2			

NAME:	BAY COLLEGE ID #:			
AGE: DATE OF BIRTH:				
YEAR OF HIGH SCHOOL GRADUATION:	☐ SELF-IDENTIFY			
HOME PHONE: CELL PHONE:				
Do you prefer to: □ Keep your room neat with everything in its place most of the time? □ Not worry about how your room looks, letting it get cluttered sometime	es or even most of the time?			
Do you prefer to go to bed: □ Relatively early (generally before midnight)?				
☐ Late (generally after midnight)?	COLLEGE POLICY			
Late (Serierary arter man., S.r.).				
When you are studying, are you:	Student Housing is			
☐ Easily distracted, preferring relative quiet?	completely alcohol/			
□ Able to ignore background noise?	tobacco/marijuana free,			
Do wow owners wow an automout to have	regardless of resident(s) or			
Do you expect your apartment to be: □ A fairly private place to relax and study?	guest(s) age.			
☐ A place where your friends come to socialize a bit?				
How do you feel about having your roommate use/borrow your things?	Office Use Only			
□ I don't care	<u> </u>			
□ It's okay as long as he/she asks.	Security Deposit received?			
□ My roommate should never use my things	Date By			
How do you feel about your roommate having students of the opposite s	I — I			
your apartment?	Background Check completed			
□ I don't care	Date By			
□ I would prefer not				
EMERGENCY CONTACT INFORMATION:				
Name:	Home Phone:			
Cell Phone: Relationship:				
MISSING PERSON CONTACT INFORMATION (If different th	han Emergency Contact Information):			
Name:	Home Phone:			
Cell Phone: Relationsh	iip:			
CCIT HONE.	ip			
I represent that each answer is truthful and constitutes a full and complete questions and hereby authorize a criminal background check as may be nect this housing application. I understand that any misrepresentation of facts shousing, regardless of when discovered by the College. I understand that Be housing accommodations will ensure that I will be considered for a student apartment/roommate preferences I have indicated.	essary in reaching a decision regarding acceptance of chall constitute cause for removal from student ay College's acceptance of this application for student apartment, but does not guarantee me the			
Signature: Date:				