LATTIMORE HALL

# LIVE | STUDY | SUCCEED

**Student Housing Application**

**2017-2018 Academic Year**

**(Please PRINT all responses and complete this application in its entirety.)**

**Personal Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(first) (middle) (last)**

|  |  |
| --- | --- |
| **Sex: \_\_\_ Male \_\_\_ Female**  |  |
| **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(mm/dd/yyyy)**  | **Social Security Number: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_**  |
| **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_**  |

**Class: \_\_\_ Freshman \_\_\_\_ Sophomore Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Aid (Please check one of the following):**

 **I will be applying for Financial Aid. or I will not be applying for Financial Aid.**

**Parent Information:**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(first) (middle) (last)**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **(mm/dd/yyyy)**

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

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(first) (middle) (last)**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

 **(mm/dd/yyyy)**

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

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact(s):**

**The following individuals should be contacted in the case of emergency:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the case of serious illness or injury, Lattimore Hall LLC will contact 911emergency personnel and/or law enforcement and will attempt to contact the individuals listed above within 24 hours.**

**Lifestyle Preferences:**

**Please answer the questions contained herein openly and honestly as they are factors that may be considered by Lattimore Hall when making room assignments for the upcoming school year.**

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| **How do you prefer to keep your room/livi****\_\_\_\_\_ Neat/Clean**  | **ng area?** **\_\_\_\_\_Lived In/Average**  |  **\_\_\_\_\_\_ Messy**  |
| **What are your sleep habits?** **\_\_\_\_\_ Early Riser (by or before 8:00 am)**  | **\_\_\_\_\_\_ Neither early or late**  |  **\_\_\_\_\_\_ Night Owl (after 11:30 pm)**  |
| **What level of noise do you prefer in your room/living area?** **\_\_\_\_\_ Noisy \_\_\_\_\_\_ Background Noise**  |  **\_\_\_\_\_\_ Quiet**  |
| **How do you anticipate that you will use your room/living area?** **\_\_\_\_\_ Quiet Study \_\_\_\_\_\_ Socializing**  |  |
| **Please be advised that smoking is prohibited within Lattimore Hall.** **Are you a smoker? \_\_\_\_\_ Yes \_\_\_\_\_ No** **Do you prefer to live with a smoker? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**  | **\_\_\_\_\_\_\_\_ No Preference**  |

**Are you interested and/or involved in any of the following extra-curricular activities?**

**\_\_\_\_\_ Sports \_\_\_\_\_\_\_ Music \_\_\_\_\_\_\_ Arts**

**Do you plan to participate in any of school sanctioned groups, clubs or teams while in college? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_ No**

**If so, which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you plan to apply for a parking pass for an automobile at Lattimore Hall? Note parking passes are limited and requests will be granted in the sole discretion of landlord.**

**\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**If yes, please provide verification of insurance coverage.**

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| **Personal Interests/Hobbies:**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  (if any)  |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Roommate Preferences:** **(if any)**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Other Preferences:** **(if any)**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**To accept your Student Housing Application you must affirm and agree to each of the following:**

1. The License Agreement that you will execute as a resident of Lattimore Hall is a binding financial commitment to pay all fees due thereunder for the entire duration of the academic year. This financial commitment remains regardless of your withdrawal or termination as a student at Cayuga Community College and regardless of the voluntary or involuntary termination of the License Agreement. In addition, the License Agreement contains certain restrictions and/or guidelines for the conduct of student residents and provides consequences for failing to abide by the same, including, but not limited to termination of the License Agreement, assessment of penalties, fees and charges, revocation of privileges and forfeiture of fees and/or deposits. It is important that you read and understand this Agreement. To accept your Student Housing Application you must certify and affirm that you have read and understand the terms of the License Agreement and the Lattimore Hall Rules and Regulations, and that you have executed and agree to be bound by the same. Please initial the following affirmation:

Student \_\_\_\_\_\_\_\_\_\_ I have executed and agree to be bound by the License Agreement and the Rules and Regulations. Parent/Guardian \_\_\_\_\_\_\_\_\_\_ I have executed and agree to be bound by the License Agreement and the Rules and Regulations. Parent/Guardian \_\_\_\_\_\_\_\_\_\_ I have executed and agree to be bound by the License Agreement and the Rules and Regulations.

1. I hereby authorize Lattimore Hall to conduct criminal background checks of the student applicant. Please initial the following affirmation:

Student \_\_\_\_\_\_\_\_\_\_ I hereby authorize Lattimore Hall LLC to conduct criminal background check(s) of Applicant. Parent/Guardian \_\_\_\_\_\_\_\_\_\_ I hereby authorize Lattimore Hall LLC to conduct criminal background check(s) of Applicant.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_ I hereby authorize Lattimore Hall LLC to conduct criminal background check(s) of Applicant.

1. I hereby authorize Lattimore Hall to perform credit checks and investigations of the financial obligations of student applicant as well as the parents/guardians/guarantors of the student applicant and hereby acknowledge that this information may be used by Owner to assess student applicant and/or parent/guardian/guarantors ability to fulfill the financial obligations of the License Agreement. Please initial the following affirmation:

|  |  |
| --- | --- |
| Student \_\_\_\_\_\_\_\_\_\_  | I hereby authorize Lattimore Hall LLC to conduct credit checks and/or investigations of the  |
|   | financial obligations of Applicant and Applicant’s parents/guardians/guarantors.  |
| Parent/Guardian \_\_\_\_\_\_\_\_\_\_  | I hereby authorize Lattimore Hall LLC to conduct credit checks and/or investigations of the  |
|   | financial obligations of Applicant and Applicant’s parents/guardians/guarantors.  |
| Parent/Guardian \_\_\_\_\_\_\_\_\_\_  | I hereby authorize Lattimore Hall LLC to conduct credit checks and/or investigations of the  |
|   | financial obligations of Applicant and Applicant’s parents/guardians/guarantors. |