

STUDENT HOUSING

SUMMER 2018



ELIGIBILITY:

- Be enrolled in summer classes at Bay College **OR**
- Work for Bay College over the summer

WHAT'S INCLUDED:

- Utilities (Heat, Water, Electricity, etc.)
- High Speed Internet
- Expanded Basic Cable TV
- 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: _____

CITY, STATE & ZIP CODE: _____

PREFERRED/NICK NAME: _____

E-MAIL ADDRESS: _____

HIGH SCHOOL OR PREVIOUS COLLEGE GPA: _____

ACADEMIC PROGRAM OR MAJOR: _____

HAVE YOU EVER BEEN CONVICTED OF AN ASSAULTIVE CRIME, DRUG CRIME, OR FELONY AND/OR DO YOU HAVE PENDING CRIMINAL CHARGES FOR AN ASSAULTIVE CRIME, DRUG CRIME, OR FELONY? Yes No

Rent

4 person/2 bedroom apt. \$95.00/week*

Refund Policy

- Cancel by May 15: 100% refund of deposit
- Cancel May 16 or after: Forfeit deposit

Rent must be paid in full, covered entirely by Financial Aid, or student enrolled in the FACTS payment plan through the Student Accounts Office by your tuition due date or your housing assignment may be cancelled and your classes dropped.

**Estimated cost pending approval by the Bay College Board. Rates are set in June and may change per Board approval.*

ROOMMATE PREFERENCE(S):

1. _____ 2. _____
3. _____

NAME: _____ BAY COLLEGE ID #: _____

AGE: _____ DATE OF BIRTH: _____

MALE FEMALE

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 sometimes or even most of the time?

Do you prefer to go to bed:

- Relatively early (generally before midnight)?
- Late (generally after midnight)?

When you are studying, are you:

- Easily distracted, preferring relative quiet?
- Able to ignore background noise?

Do you expect your apartment to be:

- A fairly private place to relax and study?
- A place where your friends come to socialize a bit?

How do you feel about having your roommate use/borrow your things?

- I don't care
- It's okay as long as he/she asks.
- My roommate should never use my things

How do you feel about your roommate having students of the opposite sex in your apartment?

- I don't care
- I would prefer not

EMERGENCY CONTACT INFORMATION:

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

MISSING PERSON CONTACT INFORMATION (If different than Emergency Contact Information):

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

COLLEGE POLICY

Student Housing is completely alcohol/tobacco free, regardless of resident(s) or guest(s) age.

Office Use Only

Security Deposit received?

Date _____ Who? _____

Background Check completed

Date _____ Who? _____

I represent that each answer is truthful and constitutes a full and complete disclosure of my knowledge with respect to the questions and hereby authorize a criminal background check as may be necessary in reaching a decision regarding acceptance of this housing application. I understand that any misrepresentation of facts shall constitute cause for removal from student housing, regardless of when discovered by the College. I understand that Bay College's acceptance of this application for student housing accommodations will ensure that I will be considered for a student apartment, but does not guarantee me the apartment/roommate preferences I have indicated.

Signature: _____ Date: _____