

**PERSONAL INFORMATION** Please type or print all sections of this contract.

Legal Name \_\_\_\_\_  
First Last Middle Initial

Student ID Number (If assigned) \_\_\_\_\_ Birthdate \_\_\_\_\_  
MM/DD/YYYY

Permanent Mailing Address \_\_\_\_\_  
Street number and/or apartment number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Class Standing  Freshman  Sophomore High School \_\_\_\_\_ Graduation Year \_\_\_\_\_ Major \_\_\_\_\_

**PARENT, GUARDIAN OR GUARANTOR INFORMATION**

Legal Name \_\_\_\_\_  
First Last Middle Initial

Permanent Mailing Address \_\_\_\_\_  
Street number and/or apartment number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**LIFESTYLE PREFERENCES** The SMC residence is a non-smoking facility.

Do you smoke?  Yes  No  Sometimes Would you be OK living with a smoker?  Yes  No

Are you interested in living near other health service majors (nursing, pre-nursing, or other health services)?  Yes  No

Which of the following generally describes your room?

Neat and clean  Generally neat  A little messy  Messy

Under what conditions do you like to study?

Absolute quiet  Some background noise  TV or radio is on  With other people

Which best describes your normal sleep pattern?

Early to bed, early to rise  Late to bed, early to rise  Early to bed, late to rise  Late to bed, late to rise

What are your social expectations in relation to your room/apartment and your roommates?

- I want my room/apartment to be a quiet place to get away.
- I wouldn't mind people in my room/apartment sometimes.
- I want people to be around.
- I want my room/apartment to be the place where everyone hangs out.

Are you comfortable with having members of the opposite sex visit your suite?  Yes  No

**ROOMMATE AND ASSIGNMENT PREFERENCES** Roommate requests are not required. If you have a roommate request, SMC will make every effort to match it. You can request up to three roommates. Requests are not guaranteed. Roommate requests must be mutual. To ensure the best chance of receiving your preferred roommate(s), your preferences should match exactly. Applications must be turned in at the same time. Roommate requests are accepted only if they are of the same gender.

Name \_\_\_\_\_  
First Last Middle Initial

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle Initial

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle Initial

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**HOUSING UNIT SIZE PREFERENCES** Units will be filled on a first-come, first-served basis. Requests are not guaranteed. Please check the appropriate contract desired. An academic year contract requires a minimum of 12 credit hours each semester (Fall & Winter). A 12-month contract requires a minimum of 12 credit hours for each semester (Fall & Winter) **and** 6 credit hours in the Spring semester. Then indicate numerically your unit size choices in order of preference (2 bedroom suites are limited). Note for two bedroom units: Priority will be given to second year students first.

Academic Year Contract

\_\_\_\_\_ 4 Bedroom, 2 Bathroom: \$5,150

\_\_\_\_\_ 2 Bedroom, 1 Bathroom: \$6,180

12-Month Contract

\_\_\_\_\_ 4 Bedroom, 2 Bathroom: \$5,665

\_\_\_\_\_ 2 Bedroom, 1 Bathroom: \$6,695

**SPECIAL ACCOMMODATIONS & MEDICAL INFORMATION** Please list any special housing needs you may have, such as physical disability, chronic illness, condition or circumstance that affects your daily life and housing needs. You must provide verification of your condition from a physician. A medical verification form will be provided to you by SMC. To be eligible to live in campus housing, students must have either health insurance or be covered by parents' health insurance or agree to be personally responsible for all medical costs and related costs such as medical transportation.

**APPLICANT SIGNATURE REQUIRED** By this signature, you are attesting to the fact that the information provided in this application is correct and truthful. Southwestern Michigan College is authorized to conduct a background check and verify credit history. It is understood that incomplete or inaccurate information is a reason to reject this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(Parent signature required if applicant is under 18 years of age at the time of application)*

*Southwestern Michigan College is committed to a policy of non-discrimination and equal opportunity for all persons regardless of race, gender, color, religion, creed, national origin or ancestry, age, marital status, disability or veteran status.*

**Mailing Application and Fee:**

Please submit this completed application along with a \$25.00 non-refundable fee to secure your housing reservation. Should housing be at capacity at the time this application is received, the \$25.00 fee will be returned.

Please send completed application and \$25.00 fee to: **Southwestern Michigan College  
Office of Student Housing  
58900 Cherry Grove Road  
Dowagiac, MI 49047**

To finalize your reservation, you must complete the SMC Student Housing Contract and pay the designated security deposit. A Student Housing Packet will be mailed to you upon receipt of your completed application and \$25.00 fee. The packet will include important deadlines and all other necessary information. **Your contract and security deposit must be turned in no later than July 1, 2010 or your application fee will be forfeited and you will lose your housing reservation.**

Office Use Only: Date/Time Received \_\_\_\_\_ Authorized Signature \_\_\_\_\_