

Western Iowa Tech Community College  
 Department of Housing & Residence Life  
**OCCUPANCY & DINING AGREEMENT ACCEPTANCE FORM**



Please complete this Acceptance Form and return it to the Department of Housing & Residence Life with your \$145 combined application fee (non-refundable) and deposit (refundable with proper check-out).

**GENERAL INFORMATION**

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

Address: \_\_\_\_\_  
 Number/Street/PO Box City State Zip Code

County: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender:  Male  Female Do you smoke?  Yes  No Age: \_\_\_\_\_

Have you applied for admission to Western Iowa Tech Community College?  Yes  No

Educational Program: \_\_\_\_\_ Will you bring a vehicle to campus?  Yes  No

How did you hear about WITCC Housing & Residence Life? \_\_\_\_\_

**HOUSING PREFERENCES**

Please mark the semester that you will be moving into Housing:  Fall  Spring  Summer Year: \_\_\_\_\_

**Unit Preference**  
 Please rank your top two unit preferences below (1 being highest preference). Remember, these are only preferences.

Sun Ridge Court One-Bedroom (houses 2 students) \_\_\_\_\_ Sun Ridge Court One-Bedroom Family Unit \_\_\_\_\_

Sun Ridge Court Two-Bedroom (houses 4 students) \_\_\_\_\_ Sun Ridge Court Two-Bedroom Family Unit \_\_\_\_\_

Bur Oak Suites Four-Bedroom (houses 4 students) \_\_\_\_\_ **Please Note:** To qualify for family housing, you must either be married and/or have a child/children. A valid marriage license is required.

**Roommate Matching Information**

I would describe myself as:  Very Organized  Somewhat Organized  Unorganized

I would describe myself as:  Very Quiet  Moderately Quiet  Noisy

I would describe my study habits as:  Often  Sometimes  Never

I would describe my sleeping habits as:  Stays up Late  Normal Schedule  Early Riser

Hobbies: \_\_\_\_\_

Names of Roommates Preferred (must be mutual): \_\_\_\_\_

Do you have a special medical or physical need that may require a specific room placement?  Yes  No

If yes, please list any accommodations needed:  
 \_\_\_\_\_  
 \_\_\_\_\_

WE STRIVE TO ACCOMMODATE YOUR HOUSING PREFERENCES; HOWEVER WE CANNOT GUARANTEE ALL PREFERENCES CAN BE MET.

## EMERGENCY CONTACT INFORMATION

### Father/Guardian

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

Address: \_\_\_\_\_  
Number/Street/PO Box City State Zip Code

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

### Mother/Guardian

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

Address: \_\_\_\_\_  
Number/Street/PO Box City State Zip Code

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

### Alternate Contact (if parents /guardians cannot be reached)

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

Address: \_\_\_\_\_  
Number/Street/PO Box City State Zip Code

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

## OCCUPANCY & DINING AGREEMENT ACCEPTANCE

I certify that I have read the terms and conditions of the Occupancy & Dining Agreement, understand it, and agree to all the provisions and conditions included in it. I further acknowledge that the Western Iowa Tech Community College Student Handbook is also part of the Agreement, and upon receiving the Student Handbook at check-in, I will retain it as part of the Agreement. I also certify that all representations made on this form are true and correct. Upon acceptance by the Western Iowa Tech Community College Department of Housing & Residence Life, this Agreement is binding upon me unless otherwise cancelled per the stipulations of the Agreement. An inability to accommodate my requests or preferences does not void this Agreement.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

If the student is under the age of 18 years old at the time the agreement is signed, the parent/guardian must sign below.

I, the parent or guardian of the above named student, agree to pay charges due if default is made by said student in the payment of housing, meal plan, or other related charges. This only applies when the student is under the age of 18 years old.

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

**THE COMBINED APPLICATION FEE (\$20) AND DEPOSIT (\$125) TOTALING \$145 MUST BE ENCLOSED WITH THIS FORM.**

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO WITCC AND RETURN THIS FORM TO:**

WITCC Housing & Residence Life  
4647 Stone Avenue  
PO Box 5199  
Sioux City, Iowa 51102-5199

### FOR OFFICE USE ONLY

Form Received: \_\_\_\_\_ Room Assignment: \_\_\_\_\_ Roommate Letter Sent: \_\_\_\_\_ Housing Charges: \_\_\_\_\_

WITCC does not discriminate on the basis of race, creed, color, gender, national origin, religion, age, disability, sexual orientation, or other protected basis in its educational programs, activities, admission procedures, or employment practices; including room assignments.