

Western Iowa Tech Community College

Student Housing Application



Section A

Name: _____				OFFICE USE ONLY Application Received _____ Room Assignment _____ Contract Sent _____ Contract Received _____
Last Name	First Name	Middle		
Address: _____				
Number / Street / PO Box	City	State	Zip Code	
County: _____		SSN/ WITCC ID: _____		
Phone: (____) _____		Cell Phone: (____) _____		
Email: _____		Gender: <input type="radio"/> Male <input type="radio"/> Female		
Birth date: _____		Age: _____ Do you smoke? <input type="radio"/> Yes <input type="radio"/> No		

Section B

Have you applied for admission to WITCC? Yes No

Educational Program: _____

How did you hear about WITCC Student Housing? _____

Will you be bringing a vehicle to campus? Yes No Unsure

Period of Residency
 Please mark the semester that you will be moving in: Fall 2008 Spring 2009 Summer 2009 Fall 2009

Unit Preference
 Please put a one (1) by your first preference and a two (2) by your second preference. Remember, these are only preferences!

Sun Ridge Court _____ **Bur Oaks Suites** _____
 For Sun Ridge Court, please indicate your room preference: ____ 2-bedroom unit ____ 1-bedroom unit
 * A 2-bedroom unit houses four students and a 1-bedroom unit houses two students.*
Please Note: \$750.00 meal plan, per semester, is mandatory for both the Bur Oaks Suites and Sun Ridge Court.

Family Unit Preference – Sun Ridge Court
 Please put a one (1) by your first choice and a two (2) by your second choice. ____ 2-bedroom unit ____ 1-bedroom unit
Please Note: You must be married OR have children to live in a family unit.

Section C

Roommate Matching Information

I would describe myself as: Very Organized Somewhat Organized Unorganized
 I would describe myself as: Very Quiet Moderately Quiet Noisy
 I Study: Often Somewhat Never

Sleeping Habits: _____

Hobbies/ Interests: _____

Desired Roommate(s): (MUST BE MUTUAL)

Name _____ Name _____
 Name _____ Name _____

WE STRIVE TO ACCOMMODATE DESIRED ROOMMATE PREFERENCES; HOWEVER WE CANNOT GUARANTEE ALL PREFERENCES CAN BE MET.

Additional Information

Please list any medical, physical, or other special needs that may require specific room placement and also the accommodations needed.

Emergency Contact Information

Father / Guardian

Name: _____

Address: _____
Number / Street / PO Box City / State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother / Guardian

Name: _____

Address: _____
Number / Street / PO Box City / State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Person to be notified in case parents/guardians cannot be reached.

Name: _____ Relationship: _____

Address: _____
Number / Street / PO Box City / State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

**A non-refundable processing fee of \$20.00 must be enclosed with this Housing Application.
Please make check or money order payable to WITCC Student Housing and return this form to:**

**WITCC Student Housing
4647 Stone Avenue
PO Box 5199
Sioux City, Iowa 51102-5199**

This Housing Application will be followed with a Housing Contract. A \$125.00 deposit will be required at the time you return the signed contract.

Applicant's Signature: _____ Date: _____

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

I, the parent or guardian of the above named person agrees that if default shall be made by said student in the payment of rent, board, or other charges, I will pay such charges as remain due.

Parent / Guardian: _____ Date: _____

Thank you for choosing Western Iowa Tech Community College Student Housing!