

HOUSING APPLICATION



Please Print

STUDENT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Cell Phone (required)	Home Phone	Work Phone	
Email Address 1	Email Address 2	Gender: M F	
Social Security #	Date of Birth	Country of Birth	
During the semester for which I am applying I will be in my: <input type="checkbox"/> 1 st Semester <input type="checkbox"/> 2 nd Semester <input type="checkbox"/> 3 rd Semester <input type="checkbox"/> 4 th Semester <input type="checkbox"/> 5 th Semester or more			
Occupancy to begin: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester Year _____		Program you are enrolled in at Ranken:	
Do you intend to apply Financial Aid toward the cost of housing if it is an option? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to live in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony or misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:			
Applicants who have been convicted of or plead guilty to a misdemeanor or felony may be required to go through an interview process to determine admittance to the residence hall. The Director of Residential Life will make all final decisions regarding admission to the residence hall and may impose conditions on a student's admission. Failure to list felony or misdemeanor convictions on the application will result in non-acceptance or dismissal from Ranken housing.			

EMERGENCY CONTACT INFORMATION			
Parent/Guardian Full Name		Address (Street, City, State, Zip)	
Home Phone	Work Phone	Cell Phone	
Other Emergency Contact		Address (Street, City, State, Zip)	
Home Phone	Work Phone	Cell Phone	

HEALTH INSURANCE INFORMATION		
Do you currently have health insurance or are you currently covered under a parent/guardian's plan? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, name of insurance provider:	Name of primary policy holder:	Policy number:

ROOM & MEAL PLAN PREFERENCE	
<p>Please select <u>one</u> room preference from the following options. There is no guarantee room preferences will be honored :</p> <p><input type="checkbox"/> TYPE B - Single unit with one bathroom <i>(This is not an option for new applicants)</i></p> <p><input type="checkbox"/> TYPE C - Double unit with one bathroom</p> <p><input type="checkbox"/> TYPE D - 2 bedroom apartment with one bathroom</p> <p><input type="checkbox"/> TYPE E - 4 bedroom apartment with two bathrooms <i>(Space is limited for this option)</i></p>	<p>Please select <u>one</u> meal plan option from the list below. All day school students living on campus are required to purchase a meal plan.</p> <p><input type="checkbox"/> \$750 per semester plan</p> <p><input type="checkbox"/> \$900 per semester plan</p> <p><input type="checkbox"/> \$1,100 per semester plan</p> <p>The meal plan is a declining balance system, meaning the cost of each meal purchased is deducted from your meal plan balance.</p>
<p>Walker Hall has ADA handicap accessible rooms. Students have the obligation of notifying the Residential Life Office regarding the nature of their disability and need for accommodation. Documented proof of a disability may be requested in some cases. If you have a disability and require a handicap accessible room, please check the following box: <input type="checkbox"/> TYPE A - Single handicap accessible unit with one bathroom</p> <p>Please explain your disability and your accommodation requests in the space provided:</p>	

PERSONAL PROFILE

Please complete the personal data section completely and honestly. Your responses will assist the Residential Life Office in determining a roommate or roommates that you may be most compatible with. Listing a preferred roommate or roommates does not ensure that you will room with that person or persons. If you list the person or persons you would like to room with and they list you on their application than chances are greater that you will get your preference. If you write in a preferred roommate and that person does not list you as a preference than your request will not be granted.

- 1. Do you have a specific person or persons you would like to have as a roommate? Yes No
If yes, please list the person or persons here: _____
- 2. Would you mind having a roommate who has visitors on a regular basis? Yes No
- 3. Would you prefer to room with someone that is in your major program? Yes No
- 4. Do you smoke? Yes No
- 5. Would you mind having a roommate who smokes? Yes No
- 6. Do you get out of bed early in the morning (before 7 a.m.)? Yes No
- 7. Do you prefer to live with someone that gets up early in the morning? Yes No
- 8. Do you go to bed late most nights (after 11 p.m.)? Yes No
- 9. Do you prefer to live with someone that stays up late? Yes No
- 10. Do you require complete silence when you are sleeping? Yes No
- 11. Do you mind low level noise while you are sleeping? Yes No
- 12. What types of music do you listen to? (Check your top three)
 - Hip Hop/Rap
 - Rhythm & Blues
 - Reggae/Ska
 - Alternative
 - Jazz
 - Christian/Gospel
 - Classic Rock
 - Hard Rock
 - Pop/Top 40
 - Easy Listening/Classical
 - Country
 - Metal
 - Other _____
- 13. How do you prefer to study? Alone With Others
- 14. When I study, I:
 - Am able to tune out most noises and am not easily distracted
 - Like low level background noise or music
 - Require absolute quiet
- 15. I am most comfortable in my room when:
 - It is neat and everything is where it belongs
 - It is clean but there it can get cluttered
 - It doesn't matter how it looks as long as it is clean
- 16. How comfortable are you with sharing your possessions? (Computer, CD's, DVD's, etc.)
 - I am comfortable with letting others use or borrow my things
 - I have to trust the person before I let them use or borrow my things
 - I am very uncomfortable with allowing others to use or borrow my things
- 17. Which of the following best describes your personality?
 - Outgoing and social
 - Quiet and reserved
- 18. What are your main hobbies and interests? _____
- 19. What clubs do you plan on joining at Ranken? _____
- 20. Are there any other special considerations you would like to mention? _____

Ranken Technical College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, disability, status as disabled veteran or veteran of the Vietnam era.

APPLICATION, CONTRACT, AND SECURITY DEPOSIT SUBMISSION

Please return this application to the Residential Life Office. In order to be approved for housing, applicants must submit a housing application, signed housing contract, and security deposit. In addition, applicants must be approved to live in the dorm by the Residential Life Office as well as the Business and Financial Aid offices.

BACKGROUND CHECK RELEASE

By signing this section I authorize the Residential Life Office at Ranken Technical College to conduct a background check on my behalf. I also authorize the release of my academic and behavioral records on file at Ranken Technical College to the Director of Residential Life for examination. I understand that the initial approval process for housing is pending based on inspection of the background check and academic and behavioral records. I understand that the purpose of these procedures is to ensure the safety and well-being of all dormitory residents and Ranken employees that will be working in the dormitory. I hereby release the College, its employees and officials from any liability for the release of information requested above. I understand that failure to sign this release will result in non-acceptance to Ranken housing.

Signature (If student is 18 years or older) _____ Date _____

Parent/Guardian Signature (If student is younger than 18) _____ Date _____