North Iowa Area Community College

Student Housing

Room and Board

Application and Contract

Term Beginning □ August/September (Fall)_____ Year □ New Resident
□ January (Spring) _____Year □ Returning Resident

□ Summer ___Term I ___Term II ___Term III ___Other Dates _____ to _____

Name _____
Last First Middle

E-mail Address _____

Address _____
Street City State Zip Code Country

Student ID _____ Birth Date _____/_____/_____ Male ____ Female ____

College Major _____ Roommate Request (if known) _____

Extra-Curricular Activities _____

Floor Preference: Men □ 1st □ 2nd □ 3rd Women □ 1st □ 2nd □ 3rd
Interested in a single room if available? □ Yes □ No
Interested in an apartment if available? □ Yes □ No

DISABILITIES AND SPECIAL HEALTH NEEDS

____ Please check here if you have a disability or special health need that should be considered in making your assignment. Letters from you and your physician, identifying the disability or special health need and your specific request to meet that need, must accompany this contract.

CONTRACTUAL RESPONSIBILITIES

I hereby apply for housing and food service for the academic year (or the balance thereof) and have enclosed a $25.00 non-refundable application fee and $50.00 damage deposit to activate my contract. I have read and agree to abide by the enclosed NIACC Student Housing Terms and Conditions of the Residence Hall and Apartments.

Date _____ Signed _____ Home Phone _____

If the applicant is under 18, the parent or guardian must sign as guarantor below. In consideration of the approval of this contract between NIACC Housing and the applicant, I guarantee the performance of all the terms and conditions of the contract for housing and food service.

Date _____ Signature of Parent or Guardian _____

New Residents: Attach one check in the amount of **$75.00** ($25.00 non-refundable application fee and the $50.00 damage deposit) and return this contract to: Housing Office, North Iowa Area Community College, 1001 College Drive, Mason City, IA 50401. Keep the yellow copy for your records.

Returning Residents: Return original to Housing Office. Keep the yellow copy for your records.

OFFICE USE ONLY
Date Received:

Application _____

Application Fee _____

Damage Deposit _____