**NORTH IOWA AREA COMMUNITY COLLEGE**
Campus View Housing Complex ● Room & Board ● Contract

The Housing Agreement is between North Iowa Area Community College and the applicant. This agreement is for the purpose of billing, collection, and payment to North Iowa Area Community College in accordance with applicant's contractual agreement with NIACC.

***Please Note:*** The $250 application and maintenance fee is non-refundable and must be paid prior to room assignment. The housing contract is for the period of time as marked below. If student decides to break the contract, there is **no refund** of room and board for the remaining period of the semester

***Please Note:*** If checkout procedures are not followed, there will be an **administrative fee assessed in the amount of $100**. Please refer to the student housing manual for correct procedures. All charges will be applied to your NIACC bill.

Which term(s) do you plan to live in the Campus View Housing Complex? (Check all that apply)

**___ Fall (August – December)** **___ Spring (January – May)**
**___ Interim (December – January)** **___ Summer (May-July)**

Student's Name: _____ Male ____ Female ____
(Last) (First) (Middle)
Address: _____City: _____ St/Country: _____ Zip: _____

Email: _____ Date of Birth: _____ Cell Phone: _____

Applicant's College Classification: Freshman ____ Sophomore ____ Student Athlete____ Sport _____
Please mark your **1st, 2nd, and 3rd** choice of living arrangement: Semi Private _____ Double Suite _____ Full Suite _____
Roommate Request (if known): _____

**Emergency Information**: Please list the name(s) of the person(s) to contact in the case of any type of an emergency.
Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____City: _____ St/Country: ____ Zip: _____

**Have you been convicted of a felony and/or misdemeanor in the past three years? *Yes___ No ___**
*** If yes, please attach an additional page with an explanation of the circumstance regarding the charges.**

**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 or be sent to Lisa Vance, Director of Disabilities Services, at lisa.vance@niacc.edu

**CONTRACTUAL RESPONSIBILITIES**

I hereby apply for housing and food service for the period marked above, or the balance thereof, and have enclosed a $250 application and maintenance fee to activate my contract. I understand that no refund will be given if I decide to leave housing early. I have read and agree to abide by the NIACC Student Housing Terms and Conditions of the Campus View Housing Complex.

**Date: _____ Signed: _____ Cell 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: _____**

**All Residents**: You may complete the housing contract and make payment online at **http://www.niacc.edu/student-life/housing/apply-for-housing/** or complete the paper contract and attach payment (check or money order) in the amount of **$250.00**. Return paper contract with payment to: Campus View Housing Complex, 1001 College Drive, Mason City, IA 50401. **Written cancellation** received by **July 31** (**December 15** for spring term) will be refunded **$200** of application and maintenance fee; notices received **after July 31 (December 15** for spring term**)** will result in forfeiture of the application and maintenance fee. Keep the yellow copy for your records. To secure a room assignment in housing, you must complete the application and pay the $250 deposit.

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

**Office Use Only:**
Date Received: _____ Application & Maintenance Fee Received: _____
New Resident: ___ Returning Resident: ___

**Revised: 06/22**