



Family Housing Application & Contract

Residence Life Program

1 Circle Drive
Tsaile, AZ 86556

Tele 928.724.6782 or 6783
Fax 928.724.6844

Student ID Number: _____ Student Name: _____

Permanent Address: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Contract Period

Semester Year: _____ Semester Enrolled: Fall Spring Summer I Summer II

Enrollment Status: Freshman Sophomore B.A. Cohort

Family Information

Marital Status: Single Married

Dependent Name: _____ Age: _____ School Attending: _____

There is a limit of two (2) children 12 years of age and under. If any children are 2 years of age and older, a meal plan must be purchased as stated in the college catalog.

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Special Accomodations

Do you have any special needs? No Yes, Explain

Medical

Do you or your children have any medical condition(s) that require attention (i.e. medication, asthma, seizures, etc.)? No Yes, Explain

Convictions

Have you ever been convicted of a felony? No Yes

If yes, please submit a detailed summary of the offense(s). This includes all Federal, State and Navajo Laws/Code. Your application will be reviewed and you will be notified in writing of the decision regarding your housing request. Failure to disclose any convictions will subject you to potential revocation of your on-campus housing assignment.

Acknowledgement

By signing this application you certify that you have fully read and understand the terms and conditions set forth by Residence Life Program. Failure to abide by the stipulations there within may result in immediate eviction and suspension from the Residence Life Program.

Note: If the student is considered a "Minor" by law (under the age of 18), his or her parent or legal guardian is required to sign this contract as evidence of accepting responsibility and liability on behalf of the student as well as acceptance of the terms and conditions.

Signature: _____ Date: _____

Assignment (ResLife Use Only)

Unofficial transcript and course schedule MUST be updated for all students returning for the following semester.

Checklist: Terms and Conditions Course Schedule Registration Card Unofficial Transcript

Birth Certificate (if applying for double occupancy)

Hall: _____ Room: _____ Staff Name and Signature: _____ Date: _____