

# CENTRAL TEXAS COLLEGE

## Education For The Individual

### MARRIED STUDENT HOUSING APPLICATION

Date: \_\_\_\_\_

Effective January 1, 2010 all first-time resident students must show evidence of being immunized against bacterial meningitis, at least 10 days **prior to residency**. **See Housing Eligibility Requirements** section for vaccination evidence requirements

#### HOUSING ELIGIBILITY & REQUIREMENTS

##### Housing Eligibility:

- ~~MM~~ Must be a \*full-time student (married or single with dependents) and maintain full-time status throughout the duration of residency.
- Must show evidence of bacterial meningitis vaccination
- Must provide all required documentation

\*Full Time is 12 semester hours during Fall and Spring semesters and 6 semester hours during Summer semester. Full-time for TAMU-CT graduate students is 9 semester hours and 15 hours of weekly instruction for Skill Center students.

##### Required Documentation:

- ~~MM~~ Marriage Certificate
- Government issued picture ID (student & spouse)
- Dependents must have at least one of the following:
  - Social Security Card, Passport or Birth Certificate

##### Acceptable Evidence of Vaccination must include the following:

- a. Date administered (mm/dd/yy) must be at least 10 days prior to date of check-in
- b. Signature or stamp by a physician or his/her designee or public health personnel
- c. Official immunization record generated by a state or local health authority **or** official record from school officials, including a record from another state.

##### Housing Rates: (Subject to change as approved by the Board of Trustees)

- One-Bedroom - \$450.00 monthly
- Two-Bedroom - \$520.00 monthly
- Deposit - \$200.00 (includes property damage and cleaning)

**Pets:** No pets of any kind are allowed in campus housing.

I \_\_\_\_\_ have read and understand the housing eligibility and requirements listed above.  
Print (First & Last Name)

**PART A: PERSONAL INFORMATION**

Classification (please check one):

Institution:  CTC  Texas A&M-Central Texas Eligibility Status:  Married  Single Parent  CTC Employee

Student Status:  First-Time/Transfer Student  Returning CTC Student

Full Name of Student/CTC Employee: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ Driver's license #/Utate [ r Govt. ID card #: \_\_\_\_\_

Previous home address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Cell Phone no.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**CREDIT/CRIMINAL HISTORY** (Please complete all questions)

Have you or your spouse ever: 1. Been evicted or asked to move out?  Y  N

2. Broken a rental agreement or lease contract?  Y  N 3. Declared bankruptcy?  Y  N

4. Been sued for damage to rental property?  Y  N 5a. Been convicted of a felony?  Y  N

5b. Received deferred adjudication for a felony?  Y  N

Please explain (include the year, location, and type of each felony) for each item checked: \_\_\_\_\_

**WORK HISTORY:** (Please list in order, last or current employer first)

Dates (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Dates (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**RENTAL HISTORY:**

Property Rental/ Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Manager's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Current monthly rent: \$ \_\_\_\_\_ Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**PART B: SPOUSE/FAMILY INFORMATION**

Spouse's name (first, middle, last): \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license #/Utate [ r Govt. ID card #: \_\_\_\_\_

Work History: Dates (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Phone no.: \_\_\_\_\_

**OTHER OCCUPANTS:** (Names of all dependents who will occupy apartment.)

Name (first/middle/last): \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's license #/Utate [ r Govt. ID card #: \_\_\_\_\_

Gender:  M  F Relationship to applicant: \_\_\_\_\_

## PART B: Continued

Name (first/middle/last): \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's license #/Utate [ r Govt. ID card #: \_\_\_\_\_  
Gender:  M  F Relationship to applicant: \_\_\_\_\_  
Name (first/middle/last): \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's license #/Utate [ r Govt. ID card #: \_\_\_\_\_  
Gender:  M  F Relationship to applicant: \_\_\_\_\_

## PART C: EMERGENCY CONTACT INFORMATION

Name (first, middle, last): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no.: \_\_\_\_\_ Cell Phone no.: \_\_\_\_\_  
Note: CTCD reserves the right to determine when emergency contact information is to be used.

## PART D: HOUSING REQUEST DATA

**APARTMENT REQUEST:** (Please check one. All apartments are unfurnished.)

One bedroom  Two bedroom

Date of Desired Occupancy (MM/DD/YY): \_\_\_\_\_ Approximate date of vacancy (MM/DD/YY): \_\_\_\_\_

**YOUR VEHICLES:** (List all vehicles (includes cars, trucks, motorcycles) to be parked by you, your spouse, or any occupants. See Housing Agreement

for parking space information. All vehicles must be registered with CTC Campus Police Department.)

Make and model of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

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Make and model of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

## PART E: CERTIFICATIONS AND SIGNATURES

**Acknowledgement by signing:** By signing this application, you are declaring that all your statements are true and complete. You are also authorizing us to verify the above information through all available means. We are not required to verify or investigate any preliminary findings. If you have failed to answer any questions or have given false information, we are entitled to: (1) reject the application, (2) retain all deposits as liquidated damages for our time and expense, and/or (3) terminate your right of occupancy. Giving false information may also constitute a serious criminal offense. In any lawsuit relating to this application, including statutory or regulatory rights stemming from any lease, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the losing party. We reserve the right to furnish information to consumer reporting agencies about the performance of our residents on Housing Agreement obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the lease, the rules, and your financial obligations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of College's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Applications to: Return Applications to:**

Central Texas College Housing Coordinator  
ATTN: Housing Coordinator 9 Resident Drive Apt C  
P.O. Box 1800 Killeen, TX 76549  
Killeen, TX 76549 Phone: (254) 526-1167