

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: _____

Make and model of vehicle: _____ Year: _____ License#: _____ State: _____

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