

North Dakota State University Application for University Apartments

Please type or print in ink, and complete both sides of this document.

Occupancy date desired (mm/dd/yyyy) ____/____/____ (required)

Last Name _____ First _____ Middle _____

Sex: Male Female Transgender Age ____ Date of Birth (mm/dd/yyyy) ____/____/____ Student ID (if known) _____

Permanent Address
Street _____ City _____ State _____ Zip _____ Country _____

Home Phone (____) _____ Cell Phone(____) _____ Email Address _____

My academic status will be: (circle) Fr So Jr Sr Grad Post Doc Faculty/Staff

**Apartment Type Requested
(Include \$200
application fee)**

Please indicate your apartment preferences by ranking the types you are willing to accept. (1st, 2nd, etc.) Assignments will be based on the availability of apartments. The University reserves the right to assign applicants to the first available apartment based on this application. Therefore, a licensee should only apply for the type of apartment(s) that will best suit his/her needs for the duration of the occupancy. Once an assignment is made, licensees will be removed from all waitlists. Inquires about this application should be directed to Residence Life at 1.800.572.8840 or 701.231.7557

University Village

____ One bedroom

____ Two bedroom

____ I will accept the first available UV apartment, regardless of type

Bison Court

____ Studio

____ One bedroom

____ Two bedroom

____ I will accept the first available BC apartment, regardless of type

Niskanen Expansion

____ One bedroom (very limited availability)

____ Two bedroom

____ Three bedroom

____ I will accept the first available Niskanen apartment, regardless of type

If intending to live with others, please complete the appropriate option that applies to your specific needs.

Roommates

Roommate Name(s): 3 maximum, all must be registered NDSU students and the same sex as applicant.

1. _____
2. _____
3. _____

If all roommates do not move in on same day, rent will be prorated to roommate(s) who move in first.

Family

Family members who will live with you:	NDSU Student?	Date of Birth	Sex	Relationship to you
1. _____	Y/N	____/____/____	____	_____
2. _____	Y/N	____/____/____	____	_____
3. _____	Y/N	____/____/____	____	_____
4. _____	Y/N	____/____/____	____	_____

Date of Marriage
____/____/____

Accommodations – If you require accommodations due to a documented disability, contact the Disability Services Office at 212 Ceres Hall, Dept. 5160, PO Box 6050, Fargo, ND 58108-6050 or by phone at (701)231-7671 in addition to submitting this application and application fee. Requests for accommodations cannot be assured for students applying less than 60 days prior to the beginning of the term for which accommodations are needed.

I have no objections to inquiries for the purpose of verification of above information. I certify that statements made are true to the best of my knowledge. I understand falsification of any information will result in cancellation of application and/or, if assignment has been made, constitutes breach of contract. I hereby apply for accommodations as indicated above. I understand that, by signing this application, I have read and agree to abide by the GENERAL CONDITIONS OF THE LICENSE AGREEMENT, including the final rate schedule as approved by the State Board of Higher Educations. Additionally, **I have included a \$200 application fee.**

Signature _____

Date ____/____/____

Office Use Only

Student Number _____ Term: 1430 1440 1510 1530 1540 1610 Cash__ Check__ Paid Online__ Date ____/____/____

NDSU Apartment Housing

For the safety and security of the NDSU community, all students making application to North Dakota State University apartments **MUST ANSWER THE FOLLOWING QUESTIONS**. An affirmative response to any of these questions will not automatically prevent an assignment, but you will be asked by the University to provide additional information. The information will be reviewed by a campus committee to review possible effects on campus safety. Any falsification or omission of the data may result in a denial of housing, rescission of offer for an apartment, removal or other appropriate sanctions. **Please complete this form regarding yourself and/or any family member who will reside in the apartment.**

***If you answer yes to any of the below, please write and attach a personal narrative explaining the nature of the offense(s) and surrounding circumstances. A yes answer to any of the questions below may require additional documentation which must be received prior to moving in.**

1.) Within the past ten (10) years, have you or a family member pled guilty (or no contest) to or been otherwise convicted of a felony in any court?

☐ No ☐ Yes (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary)

You / Family Member State _____ City _____ County _____ Date _____
(circle one)

You / Family Member State _____ City _____ County _____ Date _____
(circle one)

2.) Are you or a family member currently required to register as a sex offender in any state?

☐ No ☐ Yes (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary)

You / Family Member State _____ City _____ County _____ Date _____
(circle one)

3.) Within the past five (5) years, have you or a family member pled guilty (or no contest) to or otherwise been convicted of a misdemeanor crime involving a crime of violence in any court? "Crime of violence" means an offense in which physical force was either used, attempted or threatened against the person or property of another; or if by the nature of the offense it involves substantial risk that physical force may be used against a person or property of another. Examples of crimes of violence include, but are not limited to, arson, assault, burglary, homicide, robbery, and sex offenses.

☐ No ☐ Yes (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary.)

You / Family Member State _____ City _____ County _____ Date _____
(circle one)

You / Family Member State _____ City _____ County _____ Date _____
(circle one)

4.) Have you or a family member been dismissed and/or suspended from a college or university for disciplinary reasons within the last 5 years? (Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.)

☐ No ☐ Yes (If yes, please indicate what institution and the date of the suspension. Attach an additional sheet if necessary.)

You / Family Member Institution _____ Date Suspension Began _____
(circle one)

Signature (REQUIRED)

Date of Birth

Print Name

Date

Please return this form (with both sides complete) and the \$200 application fee to the Department of Residence Life in West Bison Court. Alternatively, it may be mailed to: Director of Residence Life, North Dakota State University, Dept. 5310, P.O. Box 6050, Fargo, ND 58108-6050.

North Dakota State University does not discriminate on the basis of age, color, disability, gender identity, marital status, national origin, public assistance status, race, religion, sex, sexual orientation, or status as a U.S. veteran. Direct inquiries to the Vice President for Equity, Diversity and Global Outreach, 205 Old Main, (701) 231-7708