

# North Dakota State University 2009-2010 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 \_\_\_\_\_

Gender: \_\_\_\_\_ 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: \_\_\_\_\_ Major \_\_\_\_\_

<b>Apartment Type Requested</b>  <b>(Include \$200 application fee)</b>	Please indicate your apartment preferences by ranking the types you are willing to accept. (1 <sup>st</sup> , 2 <sup>nd</sup> , 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.
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University Village	Bison Court	Downtown Apartments
_____ One bedroom  _____ Two bedroom  _____ I will accept the first available UV apartment, regardless of type	_____ Studio  _____ One bedroom  _____ Two bedroom  _____ I will accept the first available BC apartment, regardless of type	_____ Studio  _____ One bedroom _____ Two bedroom  _____ Three bedroom _____ Four bedroom  _____ I will accept the first available DT apartment, regardless of type

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

<b>Roommates</b>	Roommate Name(s): 3 maximum, all must be registered NDSU students and the same gender as applicant.  1. _____ 2. _____ 3. _____	Academic Status  1. _____ 2. _____ 3. _____	If all roommates do not move in on same day, rent will be prorated to roommate(s) who move in first.
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<b>Family</b>	Family members who will live with you:  1. _____ 2. _____ 3. _____ 4. _____	NDSU Student?  _____ _____ _____ _____	Date of Birth  _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____	Age  _____ _____ _____ _____	Gender  _____ _____ _____ _____	Relationship to you  _____ _____ _____ _____	Date of Marriage  _____/_____/_____
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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, upon being assigned an apartment, I must read and agree to abide by the GENERAL CONDITIONS OF THE LICENSE CONTRACT, including the final rate schedule as approved by the State Board of Higher Educations. Additionally, **I have included a \$200 application fee.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Waiting List: Student Number _____	<b>For University Use Only</b>	Receipt# _____	Fee \$ _____ Date _____/_____/_____
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# 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.

1.) Within the past ten (10) years, has a family member/you 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)

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

2.) Within the past five (5) years, has family member/you 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.)

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

3.) Is family member/you currently required to register as a sex offender in any state?

No  Yes (If yes, please indicate ALL states, cities and counties where registration is required. Attach an additional sheet if necessary.)

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

4.) Has a family member/you 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 Institution \_\_\_\_\_ Date Suspension Began \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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**