

2009/2010 - Application For Housing



PLEASE RETAIN A COPY OF THIS APPLICATION FORM FOR YOUR RECORDS

The Regency: Housing Application Form for RMCAD Students ONLY

1. Please submit your application with a \$150 non-refundable Application/Service Fee made payable to The Regency. Return to: The Regency, 3900 Elati Street, Denver, CO 80216. A refundable \$50 Security Deposit will be due upon execution of the Lease.
2. Accommodations are limited and will be leased on a first-come, first-served basis to qualified applicants. Housing selection requests are not guaranteed. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the Lease Agreement by all parties. Prices are subject to change.
3. For information or assistance in completing this application, call (303) 477-1950, or email info@regencystudenthousing.com

APPLICANT DATA

Name: _____ Telephone: () _____
(FIRST) (MIDDLE) (LAST)

Current Address: _____
(STREET) (CITY) (STATE) (ZIP) (YEARS AT THIS ADDRESS)

Previous Address: _____
(STREET) (CITY) (STATE) (ZIP) (YEARS AT THIS ADDRESS)

Permanent Address: _____
(STREET) (CITY) (STATE) (ZIP) (YEARS AT THIS ADDRESS)

Please provide the information for one (1) of the items below, and check the corresponding choice:

Driver's License Passport State ID Number: State:
(must provide in order to process application)

Social Security Number: - - Email Address: _____

Date of Birth: / / Male Female Single Married

Current School Standing: Freshman Sophomore Junior Senior

School you will be attending: **ROCKY MOUNTAIN COLLEGE OF ART + DESIGN**

Emergency Contact: _____ Contact Telephone: () _____

Have you ever been convicted of a felony? Yes No If "yes", please explain: _____

Are you currently or have you ever been on probation, parole or suspended sentence for any conviction? No Yes If "yes", please explain on a separate sheet of paper. _____

Will you need a parking permit? Yes No Vehicle Make: Model: _____

Year: _____ License Plate Number: _____

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HOUSING SELECTION

Rooms will be fully furnished, have private bathrooms, and individual climate control. Rent includes all utilities, basic cable TV, local telephone, and high speed internet access. Monthly rent is per student.

Please indicate your room type, lease term and payment type below:

12-month lease

- Double \$495/month
 Single \$650/month

10-month lease

- Double \$520/month
 Single \$675/month

* 8-month lease

- Double \$620/month
 Single \$790/month

Payment type

- Monthly (with approved credit)
 Semester

Lease effective/Move-in Date: _____

* 8-month lease only available for a lease term starting August 27, 2009 and ending April 28, 2010. These dates coincide with the fall/spring 2009-2010 RMCAD academic calendar. New Student Orientation begins on August 28, 2009.

Please indicate which meal plan you wish to purchase. Meal Plan Options are available for Fall and Spring semesters (August 17, 2009 – December 12, 2009 and January 18, 2010 - May 15, 2010). All Meals are All-You-Can-Eat.

Prices below are per semester:

19 Meals per week + \$50 Declining Balance - \$1,450

15 Meals per week + \$50 Declining Balance - \$1,360

10 Meals per week + \$75 Declining Balance - \$1,295

7 Meals per week + \$75 Declining Balance - \$930

If you have already chosen your roommates, please indicate their name(s) below. All roommate choices must be mutual in order to be placed together. Each roommate must complete his/her own Application for Housing and qualify for housing. If you do not have a roommate preference, The Regency will assign a roommate (unless you have selected a "single" room).

The name of my preferred roommate is: _____

Do you consider yourself very: talkative and expressive or quiet and reserved?
Do you prefer a roommate who: is very social or not very social?
Do you prefer music/TV: loud or quiet?
Is your living space usually: very neat and orderly or not very organized?
Do you like to do your homework: alone or with others?
Are you a smoker? yes no
If you are not a smoker, are you willing to live with someone who does smoke? yes no
Do you have asthma or strong allergies to anything? yes no

PARENT/GUARANTOR INFORMATION

Telephone: ()

(PARENT/GUARANTOR NAME)

E-MAIL ADDRESS

Current Address:

(STREET)

(CITY)

(STATE)

(ZIP)

(YEARS AT THIS ADDRESS)

(SOCIAL SECURITY NUMBER)

(RELATIONSHIP TO APPLICANT)

Current Employer:

Work Telephone: ()

Monthly Gross Income: \$

Have you filed a petition for Bankruptcy in the last 7 years? Yes No

I DECLARE AND AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE THE REGENCY: AURARIA'S STUDENT HOUSING COMMUNITY, LLC OR ANY OF ITS AGENTS TO VERIFY THE ABOVE INFORMATION AND OBTAIN A CONSUMER CREDIT REPORT OF ALL INDIVIDUALS SIGNING THIS APPLICATION. I FURTHER UNDERSTAND THAT AN INCOMPLETE OR INACCURATE APPLICATION IS A REASON TO REJECT THIS APPLICATION.

Applicant Signature:

Date:

Parent/Guarantor Signature:

Date: