



# Housing Contract



## Housing and Residence Life

City University of Seattle  
521 Wall Street  
Seattle, WA 98121  
[housing@cityu.edu](mailto:housing@cityu.edu)

Please select all the quarters that you are requesting to reside in the residence hall. First preference will be given to students who are seeking a full academic year (3 or 4 quarters). Partial year (1 or 2 quarters) slots will be awarded on a first come first served basis and quarterly rates will be applied.

- Full Academic Year (June 21, 2021-June 20, 2022)
  3-Quarters (Sep. 20, 2021-June 20, 2022)
  2-Quarters (Jan 3, 2022-June 20, 2022)
  Summer Quarter Only (June 21, 2021-Sep 13, 2021)
  Fall Quarter Only (Sep. 20, 2021-Dec 13, 2021)
  Winter Quarter Only (Jan 3, 2022-March 21, 2022)
  Spring Quarter Only (March 28, 2022-June 20, 2022)

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First M.I.

Permanent Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: MM/DD/YY \_\_\_\_\_ Gender: \_\_\_\_\_

Program of Study: \_\_\_\_\_

**HOUSING PREFERENCE**

The standard room is a double room; however, there are a limited number of single, doubles with kitchen, and triple rooms available. Please number 1 – 5 in order of preference with 1 being the first choice.

\_\_\_\_\_  
Super Single Single Room Double w/kitchen Double Triple

**EMERGENCY CONTACT INFORMATION**

Please list an emergency contact person(s) who is able to make medical decisions on your behalf. Please contact the Housing and Residence Life if you would like to add additional people.

\_\_\_\_\_  
Primary Emergency Contact (Name)

\_\_\_\_\_  
Mobile Number Home Number Work Number Relationship to Student

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Secondary Emergency Contact (Name)

\_\_\_\_\_  
Mobile Number                      Home Number                      Work Number                      Relationship to Student

\_\_\_\_\_  
Email Address

**MEDICAL CONSENT IF UNDER 18 YEARS OLD**

I hereby authorize admission to the hospital in case of emergency and agree that the attending physician may, in case of extreme emergency operate and/or administer the necessary anesthesia if the emergency contact person cannot be contacted. I also grant permission for the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider for the psychological or psychiatric care deemed necessary to the health and well-being of my student.

\_\_\_\_\_  
Parent/Legal Guardian Name (print)

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

**VERIFICATION OF CONTRACT REQUIREMENTS**

I agree to remain enrolled full-time for each academic quarter within the period of this contract, and to report to Housing and Residence Life any failure or inability to register for classes on or before the opening of the residence hall for occupancy each quarter.

I understand that my name and email address will be shared with my roommate and/or prospective roommate(s) or residents in the housing assignment process. I may keep my name and email private in the assignment process by contact Housing and Residence Life in writing.

**I, the undersigned student, have read and understand this contract and the Housing Contract Terms and Conditions.**

**Further, I understand that my signature on this contract means that I agree to abide by all terms and conditions set forth in or incorporated in reference into this contract as well as the rules and regulations governing students at City University of Seattle set forth in any published policy or procedure.**

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

\_\_\_\_\_  
Student Signature

I understand and agree as the parent/legal guardian of the resident, who is not yet 18 years of age, to be bound jointly and severally by the terms and conditions set forth in or incorporated by reference into this contract.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature (required for those students under 18)

## HEALTH INFORMATION

City University of Seattle does not provide on-campus health services. All CityU students living in the residence hall are required to carry health insurance and are encouraged to speak with their health care and insurance providers about accessing required immunizations.

The University requires the following health information for use in emergency or epidemic situations. **Note: All information provided is maintained privately and shared only on a need to know basis.**

### SELF-REPORTED MEDICAL HISTORY (PLEASE ANSWER ALL QUESTIONS AND N/A IF NOT APPLICABLE)

1. Please check any of the following conditions you currently have or have had previously.

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Depression      | <input type="checkbox"/> Measles      |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Mumps        |
| <input type="checkbox"/> Chicken Pox          | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Clinical Anxiety     | <input type="checkbox"/> Heart Trouble   |                                       |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hypoglycemia    |                                       |

2. Please identify any allergies below.

- Food: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Other: \_\_\_\_\_

3. Please other medical conditions or issues that require ongoing care.

\_\_\_\_\_

\_\_\_\_\_

4. Are you currently taking any prescription medications?      YES    NO      *If yes, please specify medication, dosage and frequency as well as any notable side effects.*

\_\_\_\_\_

\_\_\_\_\_

### 5. Disability Support Services

City University of Seattle endeavors to make its programs accessible to qualified students with disabilities consistent with Federal and State laws. Please contact the Disability Support Services Office at 206.239.4751 or 800.426.5596 ext. 4751 or email [disability@cityu.edu](mailto:disability@cityu.edu) to request information, obtain referrals for testing resources, or to inquire about arranging for housing and/or academic accommodations. Appropriate documentation of one's disability will be required to receive accommodations.

### 6. Counseling Services

Counseling services are available to provide mental health counseling and/or referrals to student seeking such. All counseling sessions are kept confidential within state and federal laws. Please contact the Counseling Center at 206.239.4760 or 800.426.5596 ext. 4760 to request more information about our services, obtain referrals for other types of mental health care (e.g. psychiatric care), or to inquire about arranging a meeting with a counselor.

## SIGNATURE

I affirm that the information provided is truthful and accurate. I have read and understood the City University of Seattle Immunization Policies and Recommendations and I understand that I am responsible for having a physician complete and submit my resident immunization form, which must also be returned to the University by the established deadline.

Student  
Signature: \_\_\_\_\_

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

## HOUSING PREFERENCES

This information will be used to match roommates. We ask everyone to complete this form personally and honestly. Residents are assigned with same gender roommates unless a gender neutral housing preference form is completed (please contact Housing and Residence Life). We make every effort to honor housing preferences, though no guarantees are implied. Read and Reply to each statement.

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Last Name

First Name

Gender

**1. I am a...**

- Very organized and clean person, cleanliness is a top priority.
- Pretty tidy person, cleanliness is important but is not my top priority.
- Sporadic cleaner, cleanliness is a lower priority.
- Messy person, cleanliness and tidiness are low on my priority list.

**2. Smoking**

- I do not smoke.
- I smoke occasionally.
- I am a regular smoker.

**3. On weeknights, I like to go to bed...**

- By 10 p.m.
- Between 10 p.m. and 11 p.m.
- Between 11p.m. and 12 a.m.
- After 12 a.m.

**4. When I study...**

- I prefer a room to be quiet.
- I prefer music, sound or TV.
- I have no preference for sound.

**5. Ideally, my room will be...**

- A place where friends socialize on a daily basis.
- A place where friends sometimes hang out but I can be alone if I want.
- Primarily a quiet place to study and sleep.

**Specific Roommate Request:**

Last Name:

First Name: