

Student College ID \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Sport \_\_\_\_\_

## COASTAL BEND COLLEGE HOUSING APPLICATION

Name: \_\_\_\_\_

Last,

First,

Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **If under 18 years old, a parent or guardian must sign the housing contract.**

Please checkmark the semester for which you are applying for housing:

Fall \_\_\_ Year 20\_\_\_                      Spring \_\_\_ Year 20\_\_\_

Summer I \_\_\_ Year 20\_\_\_              Summer II Year 20\_\_\_

Please indicate the type of housing for which you are applying by placing a check by your choice. *If you are interested in both please indicate your preference by placing a "1" by your first choice and a "2" by your second choice.*

Apartment: \_\_\_\_\_ Dorm: \_\_\_\_\_

**For Dormitory Applicants:** Dorm Residents are required to purchase a meal plan. Please indicate your preference:

15 Meal Plan: \_\_\_\_\_ 19 Meal Plan: \_\_\_\_\_

Please circle below, if you would like us to provide your contact information to your roommate so that he or she may contact you prior to move-in. YES \_\_\_\_\_ NO \_\_\_\_\_

All dorms residents share a room. If you know someone who is attending or will attend CBC and you would like to room together please provide their name: \_\_\_\_\_

***Please be advised that all housing residents must have taken a bacterial meningitis shot ten days prior to move into campus housing. Documentation is required from your physician and needs to be given to the Admission's Office. Any students needing assistance regarding a disability needs to contact the Office of Disability Services.***

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**For Apartment Applicants:**

A maximum of one dependent child is allowed for married or single student parents. Two single students (with no dependent children) of the same gender may share an apartment. Two units are designed especially for disabled students.

Please indicate the individuals who will reside with you:

Roommate: \_\_\_\_\_

None: \_\_\_\_\_

Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

**Please include a check or money order for the \$250 application fee in order for the application to be processed, when mailing the application to:**

Coastal Bend College

Housing Department

3800 Charco Road

Beeville, Texas 78102