

NORTHWEST INDIAN COLLEGE

X w l e m i E l h > T a l > N e x w S q u l



Residence Life Center * 2522 Kwina Rd, Bellingham, WA 98226 * (360) 676-2772 Toll free: 1-866-676-2772 ext. 4242 Fax: (360) 392-4283

RESIDENCE LIFE CENTER 2011-2012 APPLICATION CHECKLIST

You must first apply for admission to NWIC before your Residence Life Application can be processed
Admissions Application packets are available online or in the Office of Admissions: admissions@nwic.edu

Please include all of the following documents as your Residence Life Program Application Packet

- Completed Northwest Indian College Residence Life Program Application.
- Vehicle Registration Form AND Proof of Vehicle Insurance (if you will be bringing a vehicle)
- Authorization for Release of Information Form (for Background Check)
- Copy of Financial Aid Award Letter (if eligible) AND
Proof of Ability to Pay (Statement of Tribal Assistance, bank statement, General Assistance letter, etc.)
- Plan for Payment Arrangement made to NWIC Accounting Office (For tuition, fees, housing, meal plan, deposit)
- Current Class Schedule (You are required to be a current student to live in NWIC Housing)

Once your application has been processed and your background check is cleared, you will receive notification and instructions on how to complete the following:

- Drug Screening (Urinalysis)
- Submit Lummi Indian Health Clinic Application
- Copy of Current NWIC Student ID Card
- Schedule Move-In Date
- Attend Mandatory Orientation

Residence Life Application Priority Deadlines

Summer Quarter - June 1
Fall Quarter - September 1
Winter Quarter - December 1
Spring Quarter - March 1

Applications May be Accepted After These Deadlines on a
space-available basis

Residence Life Center Rates for 2011-2012

One-time Room Key Deposit: \$25
One-time Damage Deposit: \$200
Deposits Refundable upon move-out

Quarterly Room Rate: \$900
Required Quarterly Meal Plan: \$750

*Discount rate may be available based on eligibility. Contact the
Director of Residence Life for more information.

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RESIDENCE LIFE CENTER 2011-2012 APPLICATION

1. Student Information

Full Legal Name _____

Last First Middle Jr., etc.

Former Name(s): If your first or last name has changed, please indicate your former full name(s)

Last First Middle Jr., etc. Last First Middle Jr., etc.

Email Address _____

Current Mailing Address _____

Number and Street Apartment Number

City State Zip Primary Telephone () Cell Phone () 

Date of Birth / / Social Security Number _____

Gender Male Female Age _____

Are you an enrolled member of the Lummi Nation? No Yes Enrollment # _____

If "No", are you an enrolled member of another federally recognized tribe? No Yes

If "Yes", Tribe _____ Enrollment Number _____

(To be considered a Resident for tuition paying purposes, Enrollment Services must have a copy of your Tribal verification on file)

Do you have any special dietary needs? _____

Do you have any health concerns we should be aware of? _____

2. Children

NWIC permits one school-aged child to reside with parent in the residence hall.

Do you have a child that will be living with you in the residence hall? No Yes

Name of child _____ Age _____ Gender _____

Does your child have any health concerns we should be aware of? _____

3. Housing Preferences

Please indicate when you plan to move in: Summer 20__ Fall 20__ Winter 20__ Spring 20__

Room Preference: Double (Two occupants per room) Triple (Three occupants in a loft room)

Roommate Choice #1 _____ Roommate Choice #2 _____

(The Residence Life staff cannot guarantee roommate assignments)

4. Roommate Questionnaire

Please check one answer for each of the following questions:

- | | | | |
|---|--|---|---|
| 1. Do you generally keep your room: | <input type="checkbox"/> Clean/Neat | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Messy |
| 2. Do you smoke?* | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| 3. Do you drink alcohol?* | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| 4. When do you go to sleep? | <input type="checkbox"/> Before 10pm | <input type="checkbox"/> After 10pm | <input type="checkbox"/> Flexible |
| 5. When do you wake up? | <input type="checkbox"/> Before 8am | <input type="checkbox"/> After 8am | <input type="checkbox"/> Flexible |
| 6. How do you like to listen to music? | <input type="checkbox"/> Loud | <input type="checkbox"/> Medium | <input type="checkbox"/> Soft |
| 7. What temperature do prefer indoors? | <input type="checkbox"/> Warm to hot | <input type="checkbox"/> Warm | <input type="checkbox"/> Cool/Livable |
| 8. Are you comfortable with visitors? | <input type="checkbox"/> All the time | <input type="checkbox"/> A little bit | <input type="checkbox"/> Not at all |
| 9. What type of study atmosphere do you like? | <input type="checkbox"/> Quiet/No noise | <input type="checkbox"/> General noise | <input type="checkbox"/> Not in my room |
| 10. How do you feel about sharing items with your roommate? | <input type="checkbox"/> Not comfortable | <input type="checkbox"/> Certain items only | <input type="checkbox"/> What's mine is yours |
| 11. What kind of music do you listen to? | _____ | | |
| 12. What other preferences or concerns do you have for your room? | _____ | | |

* Smoking and alcohol are not allowed in the NWIC residence hall

5. Sign and Return by Priority Deadline

Please Initial Each Box and Sign Below

- I understand that NWIC Residence Life staff will make every effort to accommodate my preferences but cannot guarantee that they will all be met. I might be placed with a roommate that was not my first or second choice or in a room type that was not my choice.
- I understand that any changes to the information provided in this application must be submitted in writing within two weeks of change (email is acceptable).
- I understand that NWIC will bill a \$200 deposit to my student account, refundable upon move-out provided no damage to property or violation of property policy has occurred.
- I understand that providing false information on this application may be grounds for denial or eviction from the residence hall.
- I understand that before moving in I must submit to a background check and drug test.
- I understand that I must abide by the Residence Life Center Policies including the Zero Tolerance policy and I may be evicted for violation of any policies. I agree to submit to a breathalyzer test if I give cause for suspicion of violating the alcohol policy.

I certify that the information provided is true and correct to the best of my knowledge

Student Signature _____

Date _____

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RESIDENCE LIFE CENTER VEHICLE REGISTRATION

All residents who will be bringing a vehicle must complete this form.
Any changes must be submitted to the Residence Life Center within 15 days.

Resident Name: _____ Student Number: _____

Driver's License Number: _____ State: _____

Vehicle License Plate Number: _____ State: _____

Type (circle best response): Sedan Motorcycle SUV Truck Other _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Number of Doors: _____

Insurance Carrier: _____ Insurance Expiration Date: _____

Please attach a copy of current valid insurance card

Please attach a copy of current valid driver's license

I understand that damage caused to my vehicle while on NWIC property is not the fault of NWIC and agree to hold NWIC harmless from any claims of theft, vandalism, or destruction of my vehicle or items left in my vehicle. I agree to take appropriate measures of security with my vehicle including locking doors, arming security systems, and keeping vehicle parked in designated parking zones only.

I agree to inform NWIC Residence Life staff immediately upon acquiring a new vehicle within 15 days. If my insurance lapses or my driver's license is revoked or suspended, I agree to inform the Residence Life staff and forfeit the right to use student parking. My vehicle must not cause disturbance in noise, pollution, or destruction of property.

Signature: _____ Date: _____

Office use only

Insurance Rec'd: _____ Driver's License Rec'd: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any federal, state, local agency, organization, business, or individual to release to the Lummi Housing Authority and NWIC Student Housing any information or material needed to complete or verify my application for residence in the Lummi housing program or NWIC student housing. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi housing division in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested included but not limited to:

Medical, or child care allowances, public benefits, credit, employment, income or assets, residence and rental activity, criminal history, identity and marital status.

I UNDERSTAND: that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

Medical & treatment providers
Public Assistance Programs
Past & Present employers
Social Security Administration
Financial Institutions

Previous & Potential Landlords
Law enforcement agencies
Unemployment agencies
Educational Institutions
Credit Bureaus

LIBC entities
Courts
Child support agencies
Veterans Administration
Utility Companies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Housing and NWIC. I understand that I have the right to review my file and correct any information that I can show incorrect.

Full Legal Name

Date of Birth

Social Security Number

Other Names Used

Signature

Date