

Please complete both the front and back of this application and return it to the Business Affairs Office with a **\$200.00 non-refundable application fee**. Send a cashier's check or money order, if mailing, **no cash please**. If paying in person, any form of payment will be accepted in the Business Affairs Office.

Lawson State Community College accepts applications for residential living and makes room assignments regardless of race, color, national origin or disability. In compliance with the college policy, we will make room assignments on a first-come, first-serve basis. If you require special accommodations due to a documented disability, please notify Mrs. Janice B. Williams, ADA Coordinator (205-929-6383 or [jwilliams@lawsonstate.edu](mailto:jwilliams@lawsonstate.edu)) no later than 30 days prior to the first day of class of the semester for which you are applying.

**PLEASE PRINT OR TYPE CLEARLY**

**For what semester and year are you applying for residential living? (please circle)**

10 month contract (2 semesters) — Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_

\*Summer 20\_\_\_\_\_

*(\*summer housing is only available if there is sufficient occupancy to sustain building operation by May 1st prior to the beginning of the summer semester.)*

Classification: New \_\_\_\_\_ Returning \_\_\_\_\_ Transfer \_\_\_\_\_

Program of Study \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name                                      Sex: \_\_\_M\_\_\_F

\_\_\_\_\_  
 Mailing Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 Home Phone #                                      Cell Phone #                                      Emergency Contact Name & Phone #

\_\_\_\_\_  
 Name of Parent/Guardian                                      Relationship                                      Phone #

\_\_\_\_\_  
 Address                                      City                                      State                                      Zip Code

Lawson State Community College has permission to contact my parent/guardian concerning this application. Y\_\_ N\_\_

Student email: \_\_\_\_\_ Parent/Guardian email: \_\_\_\_\_

\_\_\_\_\_  
 Name and Address of Requested Roommate (City, State, Zip Code, Telephone #)

PERSONAL CHARACTERISTICS:

The following information will aid our staff in matching you with the roommate/cluster mate/ Room and roommate assignments are made on a first-come, first-serve basis with the completed application, contract, and \$200.00 non-refundable application fee are received. Actual assignments are based on space availability, priority, complete "registration" for the term, and payment of all fees. We cannot guarantee preferences but will try to honor your requests.

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No Because the Learning Living Residential Center is a smoke-free state facility. Would you object to a roommate who smokes outside the building? \_\_\_\_ Yes \_\_\_\_ No

How do you spend your spare time?

\_\_\_\_ Reading \_\_\_\_ Sleeping \_\_\_\_ TV/Video \_\_\_\_ Telephone \_\_\_\_ College activities  
\_\_\_\_ Outside activities \_\_\_\_ Others

I like room temperature ( \_\_\_\_ above/ \_\_\_\_ below) 72 degrees.

I usually study: \_\_\_\_ with music/TV \_\_\_\_ in a relatively quiet environment  
\_\_\_\_ with a group of friends

Do you have any allergies or special needs as a result of a health problem or disability that should be taken into consideration when assigning roommates? \_\_\_\_ Yes \_\_\_\_ No

Explain:

A Health Evaluation and Immunization Form **MUST** be on file with the Student Health Nurse. **Students who experience allergies and/or other illnesses that require special assignments are required to submit a physician's statement along with the housing application.**

Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence or sexual misconduct? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below:

I HAVE COMPLETED BOTH FRONT AND BACK OF THIS APPLICATION AND I UNDERSTAND AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED IN THE CONTRACT. I ALSO AGREE TO ABIDE BY THE STUDENT CODE OF RESPONSIBILITY AND THE HOUSING HANDBOOK.

\_\_\_\_\_  
Student's Signature Date Age

\_\_\_\_\_  
Co-Signature of Parent or Legal Guardian (is student is under 18 years of age) Date

Lawson State Community College's STATEMENT OF TERMS AND CONDITIONS OF OCCUPANCY should be read and understood by the student (and parent/legal guardian if the student is under 18) before signing. Room Assignments will not be made until the signed application, signed contract and **\$200.00 non-refundable** application fee have been received in the Housing and Residential Life Office.

**Please note that if your term of enrollment should change for any reason, you must notify the Housing and Residential Life Office in writing.**

FOR OFFICE USE ONLY

Date Application Received \_\_\_\_\_ Initial \_\_\_\_\_  
Date Contract Received \_\_\_\_\_  
Date Application Fee Received \_\_\_\_\_ Receipt # \_\_\_\_\_  
\_\_\_\_ Cashier's Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card

Mail to:  
Lawson State Community College  
Business Affairs Office  
3060 Wilson Road  
Birmingham, AL 35221