

# ALPENA

## COMMUNITY COLLEGE

# Alpena Community College Application for Housing College Park Apartments

Please note this is a preliminary application and gives no lease or rental rights.  
Items in bold type are required. Please type or print in dark ink.

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial Suffix Maiden Name  
**(Please provide full legal name — for identification purposes only.)**

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_  
Month Day Year

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Automobile:** Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Program of Study:** \_\_\_\_\_  Associate Degree  Certificate  
 Bachelor Degree

**Do you have preferred roommates?**  Yes (please list below)  No

**Current Address:** \_\_\_\_\_  
Street City State/Province Zip Code

**How long have you lived at this address (months, years)?** \_\_\_\_\_  Rent  Own

**Country:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Admissions Status:**  New, First Time Student  Dual Enrollment  Guest Student  
 International  Re-admission  Transfer from in state  
 Transfer from out of state

**Citizenship:**  U.S. Citizen  Resident Alien  Non-Resident Alien

**Current Employer:** \_\_\_\_\_  
Business/Company Name Contact Person Phone Number  
\_\_\_\_\_  
City State/Province Zip Code Length of Employment Hourly Wage

**Will you be receiving any form of financial aid?** (Scholarships, grants, loans, etc.)  Yes  No  Unsure

**Personal Reference (Non-Relative):** \_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Street City State/Province Zip Code Years Known

**Credit Reference:** \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Street City State/Province Zip Code

**Emergency Contact Person:** \_\_\_\_\_  Spouse  Parent/Guardian  Child  Other

**Emergency Contact Phone:** \_\_\_\_\_

**Alpena Community College is a drug, tobacco, and alcohol-free campus.**

**Students living in College Park Apartments will be required to follow ACC's policies on drugs, tobacco, and alcohol.**

Please initial the following statements to indicate your acknowledgment and agreement.

\_\_\_\_ I understand that Alpena Community College is a drug, tobacco, and alcohol-free campus.

\_\_\_\_ I agree to follow ACC's policies on drugs, tobacco, and alcohol while living in College Park Apartments.

\_\_\_\_ I understand that if I do not follow ACC's policies on drugs, tobacco, and alcohol, disciplinary action will be taken.

\_\_\_\_ I understand that if I do not follow any of ACC's policies, disciplinary action will be taken.

The College policies and practices for admission, employment and activities comply with requirements of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination in Employment Act of 1967 (ADEA), the Americans with Disability Act (ADA) of 1990 and the ADA Amendments Act of 2010; Title II of the Genetic Information Nondiscrimination Act of 2008. The College does not discriminate on the basis of race, color, religion, national origin, gender, sex, age or disability. The College practices and policies also comply with the Michigan Persons with Disabilities Civil Rights Act (PDCRA) and the Michigan Elliott-Larson Civil Rights Act (ELCRA) which prohibits discrimination in hiring based on age, height, weight and marital status and familial status in addition to race, color, religion, sex (which includes pregnancy) and national origin.

Please note this is a preliminary application and gives no lease or rental rights.  
*Items in bold type are required. Please type or print in dark ink.*

## Background Information

### VERIFICATION OF INFORMATION:

I certify that all information provided on any employment application form or application attachment is true and accurate to the best of my knowledge. I understand that information may be verified and any misrepresentation of facts may be considered cause for dismissal regardless of when discovered by the college.

### CRIMINAL HISTORY CHECK:

**Have you ever been convicted of a felony or misdemeanor?**  Yes  No

(Parking and traffic violations which are civil infractions are not included)

**Are there any felony charges pending against you?**  Yes  No

**Have you ever been convicted of a sexual misconduct charge?**  Yes  No

If yes to any of the above, please list date(s), type of offense(s), circumstances, county where conviction occurred and action taken:

---

---

---

**Conviction of a crime will not necessarily render you ineligible for housing, but the nature of the conviction, circumstances, and/or time of the occurrence may be considered in processing your application.**

**I understand that if I receive housing, it may be terminated for any misrepresentation or omission in the above stated information.**

**If determined necessary by the college, I authorize a background check with respect to criminal convictions.**

### BACKGROUND INFORMATION:

**Have you ever been sanctioned by ACC or any other higher education institution for a disciplinary incident?**  Yes  No

If yes, please list dates, violations, sanctions, and institution where incident occurred:

---

---

---

I certify that the information on this application is accurate and complete and I acknowledge that inaccuracies and/or omissions may be the basis of immediate cancellation of my application. Alpena Community College has the right to investigate and verify my income, references, and criminal background. Individuals living on ACC's campus agree to comply with all ACC policies and procedures while using College facilities and while on the College campus. The College may deny housing to individuals failing to comply with College policies and procedures.

**Alpena Community College is a drug, tobacco, and alcohol-free campus. Students living in College Park Apartments will be required to follow ACC's policies on drugs, tobacco, and alcohol.**

My signature verifies that the information above is true and accurate, and that I agree to follow ACC's policies.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If applicant is under the age of 18)

Please complete and return this form to the ACC Academic & Student Affairs Office in Van Lare Hall 109.

INTERNAL USE ONLY

DATE RECEIVED: \_\_\_\_\_