

Housing Application

So you have decided that college sponsored housing is right for you...what do you do now?
Easy... Just...

1. Fill out the application, vaccination waiver, and background authorization.
2. Submit the application with a \$250 rent and restoration deposit to:

The Art Institute of Tennessee – Nashville
Housing Application
100 Centerview Drive Suite 250
Nashville, TN 37214

A \$150 refund is returned to the student at the end of a one year lease period.
In some cases where damages are assessed and/or a lease is broken a student
is no longer entitled to retain the restoration deposit.

3. Work with your financial planner.
4. Sign your financial plan.
5. Once you have signed your financial plan, we will send you an e-mail or letter with
your housing assignment. It will include a list of items to bring and a housing contract.

Please note: If you have not signed your financial plan by move in, you
must do so in order to receive your keys. Your deposit will hold your space.
However, be reminded that cancellations within 30 days of move in will
forfeit your \$250. The Art Institute of Tennessee – Nashville recommends
that you get all your paperwork done in advance to alleviate stress.

6. Read and sign Housing Contract.
7. Move in on the day before orientation.
8. Attend orientation on the appropriate day.



Application for School-Sponsored Housing

Please complete the following information and submit with a \$250 rent and restoration deposit (make checks payable to The Art Institute of Tennessee – Nashville) if you are interested in living in a school-sponsored housing. This deposit is to secure the payment of the faithful performance of all your other obligations under the housing contract. If you cancel this housing application less than (30) days prior to the indicated quarter start, The Art Institute of Tennessee – Nashville will be entitled to retain the entire rent and restoration deposit

The rate for school-sponsored housing is \$1811.00 per quarter per student for the 2008-2009 year. After submission of this application you will be sent a student housing contract for your completion. Students may not apply for housing until they have signed their Student Financial Plan. Applications should be returned to the admissions office.

Which quarter will you want to move into housing? (Please check)

summer '08 fall '08 winter '08 spring '09

Please print]

[Name] _____ [SS#] _____

[Street address] _____

[City] _____ [State] _____ [Zip] _____

[Home phone] _____ [Cell phone] _____

[e-mail address] _____

[Intended academic major] _____

Please list any disabilities for which you are requesting an accommodation in housing. Requests for accommodations for academic study need to be made separately.

Have you ever been convicted of or pled guilty to a crime other than a summary traffic offense?

yes no

[If yes, describe in full and attach a separate sheet]

Roommate Matching Survey

This survey will help us find a roommate most likely to match your needs, but it is NOT meant to imply we can accommodate any or all of your preferences and lifestyles with roommate matching. Please read it carefully and return the completed survey, along with your completed application.

Do you smoke?

- Yes No
 Non-smoker, but don't mind living with a smoker

Please understand that housing is smoke-free, however some students are smokers and for those with allergies wish to place in a non-smoking setting.

Do you occasionally read/study with music?

- Yes No
 no, but don't mind rooming with someone who does

Do you prefer to study during the day or night?

- Day Night

How orderly or neat are you about the upkeep of your living area?

- Very neat Moderate
 Not neat

How do you feel about others using your belongings?

- I don't mind if my roommate uses some things, but not personal items.
 I believe that you should use other people's things only after you have permission.
 I think that using other people's things causes too many problems.

COMPLETED APPLICATIONS ALONG WITH RENT AND RESORATION DEPOSIT SHOULD BE RETURNED TO:

Art Institute of Tennessee – Nashville
100 Centerview Drive, Suite 250
Nashville, TN 37214

FOR OFFICE USE ONLY

[Admissions]	date received:	Copy to SFS date:	Plan date:	Initials:
[Accounting]	deposit received date:	[] Cash [] Check [] Credit card		Initials:
[SFS]	Date planned:	Copy to plan to housing services:		Initials:
[Housing]	Date received:	Contract sent:		[] CARS



MENINGOCOCCAL DISEASE WAIVER – VACCINATION AGAINST

I understand that Tennessee law (Chapter 104 – An act to amend Tennessee Code Annotated, Title 49, Chapter 7-124, Part 1, relative to vaccinations for meningococcal disease, effective July 1, 2003) requires the following certification from students 18 years of age or older who wish to reside in school sponsored housing and who do not provide proof that they have received a vaccination against meningococcal disease. I have elected to sign this waiver rather than to receive a vaccination and/or to provide the school with proof that I have received a vaccination.

Therefore, I hereby certify as follows:

- (1) I am 18 years of age or older.
- (2) I have been given detailed information of the risks associated with meningococcal disease and the availability and effectiveness of any vaccine.

Signed: _____

Name of Student (PRINT): _____

Date: _____

PARENTAL WAIVER VACCINATION AGAINST MENINGOCOCCAL DISEASE

I understand that Tennessee law (Chapter 104 – An act to amend Tennessee Code Annotated, Title 49, Chapter 7-124, Part 1, relative to vaccinations for meningococcal disease, effective July 1, 2003) requires the following certification from the parent or guardian of a student less than 18 years of age who wishes to reside on school sponsored housing and who has not provided proof of vaccination against meningococcal disease. I have elected to sign this waiver rather than to have my child receive a vaccination and/or to provide the school with proof that I have received a vaccination.

Therefore, I hereby certify as follows:

My child and I have been given detailed information of the risks associated with meningococcal disease and the availability and effectiveness of any vaccine. I have reviewed the information provided and have chosen not to have my child vaccinated.

Signed: _____

Name of Parent/Guardian (PRINT): _____

Name of Student (PRINT): _____

Date: _____

Background Check

I give permission for the complex and/or the school to run a background check.

NAME: _____

ADDRESS: _____

SSN: _____

Date of Birth: _____

Driver's License State & Number: _____

Signature of Student

Signature of Parent or Guardian