

Housing Application (Summer)



SUMMER ACADEMY

1000 University Center Lane, Lawrenceville, GA 30043 ~ 678-407-5501 ~ www.ggc.edu/housing

1. To apply for your accommodation at Georgia Gwinnett College, you must submit a fully completed application.
2. Accommodations are limited and will be assigned on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the contract agreement by all parties. Prices are subject to change.
3. For information or assistance with completing this application, please call (678) 407-5501.

Applicant Data

Name: _____
(FIRST) (MIDDLE) (LAST)

Local Phone: _____ Mobile Phone: _____

Permanent Address: _____
(STREET) (CITY) (STATE) (ZIP)

Please provide the following information:

Student ID #: _____ Email: _____

Date of Birth: ____/____/____ Male Female

I will be attending: Session A Session B or Session Full

Returning Resident Yes (Skip background check) or No (Complete background check)

Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation?

Yes No If yes, reason: _____

Are there currently any criminal charges pending? Yes No If yes, reason: _____

Guarantor (Fill in only if applicant is less than 18 years old when signing this application.)

Name: _____
(FIRST) (MIDDLE) (LAST)

Home Phone: _____ Work Phone: _____

Guarantor Address: _____
(STREET) (CITY) (STATE) (ZIP)

Email: _____

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Suite Request

If space is available, it will be filled on a first-come, first-served basis. **List your choices in order of preference, with 1 as your first choice and 4 as your last.**

_____ 2 bedroom suite _____ 6 bedroom suite B
 _____ 4 bedroom suite _____ 12 bedroom suite

Contract Term - Summer contract

Additional Options

Loft kit

Please circle the number that best corresponds to you for each of the following categories:

Characteristics	Scale
Work Habits:	Light 1 2 3 4 5 6 7 8 9 10 Serious
Sleeping Habits:	Early riser 1 2 3 4 5 6 7 8 9 10 Stay up late

Do you smoke? Yes No Do you mind if your roommate smokes? Yes No

Do you have any special requests? _____

Roommate Requests (please print):

If you have already chosen your roommate(s), please indicate name(s) below. All roommate choices must be mutual to be honored. If you do not have a full suite group, you will be matched with roommates based on your resident profile form.

Roommate 1: _____ Phone #: _____

Roommate 2: _____ Phone #: _____

Roommate 3: _____ Phone #: _____

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; and (2) we may terminate any right to assign the bedroom.

By my signature I attest that the information contained herein is correct. The management is authorized to verify submitted information for the purpose of evaluating this contract application.

A \$150 refundable security deposit will be added to your 1st Summer session Housing fee and will then be held by GGC for the term of the contract.

I understand that housing residents are required to participate in the GGC Resident Meal Plan, which is not included in housing costs.

Applicant Signature: _____ Date: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Georgia Gwinnett College Housing Office and Georgia Gwinnett College Department of Public Safety to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date