



# THE SUMMIT AT QUEENS COLLEGE APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_ QC E-mail Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_\_ Other E-mail Address: \_\_\_\_\_

Expected Date of Graduation: Year: \_\_\_\_\_ Fall or Spring (circle one)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/19

School Attending (if other than QC): \_\_\_\_\_ Gender \_\_\_\_\_

- Student Status:
- Current Undergraduate Student
  - Current Graduate Student
  - Incoming Freshman
  - Incoming Transfer Student
  - Incoming Graduate Student

## PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_

Work Phone: (\_\_\_\_) - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## TERMS AND CONDITIONS

Applicant understands that if, at any time, there are vacant beds in the applicant's assigned apartment, Capstone Management reserves the right to assign roommates without prior notice and/or relocate the applicant to another unit. Applicant further understands that roommate compatibility is not guaranteed. Applicant represents that all of the above information is true and complete and authorizes the verification of same by reasonable means. Any misrepresentation or omission may be cause for the rejection of this application and/or the termination of the Housing License Agreement. Applicant further authorizes free exchange of information between Queens College of the City University of New York and Capstone Management, including but not limited to the applicant's student status, academic records, judicial records, and financial records to be used to determine whether this application shall be approved or disapproved.

Applicant understands and agrees that a reservation/ damage deposit in the amount of \$400.00 is required to reserve a space in The Summit, and failure or refusal to provide this deposit may result in the cancellation of this application and any resultant Housing License Agreement. The \$400 deposit includes a \$150 Damage Deposit that is refundable if no damages are found at the end of the student's Housing License Agreement, and a non-refundable \$250 Reservation fee. Applicant agrees that the reservation fee will be applied to the first semester payment of the Housing License Agreement. The applicant further agrees that in the event that the aforementioned reservation fee is accepted and the applicant either fails or refuses to enter into a Housing License Agreement within forty-eight (48) hours of notice of acceptance or at any time requests to cancel their Housing License Agreement, the deposit will be forfeited to The Summit.

I, the Undersigned Applicant, have read and agree to all terms and conditions set forth in this application. I understand that this application is part of my Housing License Agreement, including those areas regarding earnest monies.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian of Minor Applicant

\_\_\_\_\_  
Date

