

If you'd like to room with someone particular, please list that person or persons otherwise roommates will be assigned based on the survey results.

Roommate Request: _____

Circle One...

Do you smoke? Yes No

Are you bothered by loud music? Yes No

Do you listen to music while you study? Yes No

My housekeeping habits are: Neat/Clean Average Messy

I am: Shy Social Very Social

Are you/will you be a **Registered Full Time Student** at HCCC? Yes No

Have you ever been **Dismissed** from any college? Yes No

Have you ever been **Evicted**? Yes No

Have you ever been **Convicted of a Felony**? Yes No

What is your current GPA? _____

What time do you go to sleep? _____

What time do you wake up? _____

Describe your personality: _____

Hobbies/Activities: _____

Course of Study/Major: _____

Will you have a vehicle while you are living at Brookwood? Yes No

Drivers License Number _____ Exp Date _____ State _____

Medical Information

Doctor's Name _____

Doctor's Phone _____

Preferred Local Hospital _____

Emergency Contact (other than parent/guardian above)

Name _____

Phone 1 _____ Phone 2 _____

Relationship _____

I certify that the above information is true and authorize the release of any information necessary to verify the information on the application.

Student Signature: _____ Date _____

Please attach a clear, recent photo of yourself for our records. If there is more than one person in photo, please label.

Please note: A \$375.00 Security Deposit along with a \$300.00 Advance Rental Payment are required to hold a room.

Rooms are assigned based on approval of application, completion of lease agreement, and receipt of security deposit and advance rental payment.