

# RETURNING STUDENT: HOUSING APPLICATION



Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
Time: \_\_\_\_\_ Year: \_\_\_\_\_  
RD or RA: \_\_\_\_\_  
Grade: \_\_\_\_\_

Mail Box: \_\_\_\_\_  
Room #: \_\_\_\_\_  
Bed: \_\_\_\_\_  
Chair: \_\_\_\_\_

This form provides the Pastoral Office with information that will be used to approve you to live in LABI dormitory housing and other informational purposes.

Turn this application in with a \$100 deposit (check payable to LABI) at the time of your registration in our Finance Office

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_  
\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M** **F** Marital Status: \_\_\_\_\_

Church Name: \_\_\_\_\_ Section: \_\_\_\_\_ District: \_\_\_\_\_

Do you have any physical challenges that require specific accommodation? \_\_\_\_\_  
If you have a disability requiring special accommodations, please contact the Pastoral Office at (626) 968-1328

Who is your primary roommate preference? Name: \_\_\_\_\_

Are you in a relationship? (Boyfriend/Girlfriend) \_\_\_\_\_

## EMERGENCY CONTACTS (PLEASE LIST TWO EMERGENCY CONTACTS)

### Parents

Name: \_\_\_\_\_  
*Father* \_\_\_\_\_ *Mother* \_\_\_\_\_ *M.I.* \_\_\_\_\_

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

### Financial Supporter

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Relation: \_\_\_\_\_

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

## AUTHORIZATION TO RELEASE INFORMATION

By LABI administration decision, the Housing Deposit for Spring 2008 is \$100, paid with the Housing Application. The deposit is refundable through May 1, 2008, upon completion of the check-out process. No exceptions. The deposit is NOT a fee, but rather a down payment for Spring 2008 housing. All students who bring furniture or electrical appliances to LABI must register them upon check-in. Failure to do so will result in a \$100 fine. All furniture or electrical items must be approved by the office of the campus pastor. You are only allowed two pieces of furniture, and no more than four electrical appliances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FURNITURE AND ELECTRICAL APPLIANCES

I take full responsibility of proper use and maintenance of all of my furniture and electrical appliances. I will assume absolute liability of any damage my furniture and/or my electrical items may cause to school property and/or other students or personnel. I will remove my furniture and electrical appliances out of the school dormitories at the end of the semester as indicated in the school manual and by dates given by the office of the campus pastor. If I do not remove my furniture or electrical appliances, I understand that I will be charged a \$100 fine, and the item(s) become property of LABI.

	<b>Item</b>	<b>Description (Manufacturer/Make)</b>
1	Furniture Item	_____
2	Furniture Item	_____
3	Electrical Appliance	_____
4	Electrical Appliance	_____
5	Electrical Appliance	_____
6	Electrical Appliance	_____

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

On this date I have received a Student Manual listing all of the school and housing restrictions. I will read and abide by the rules in it. I understand that failure to live by the rules of the dormitory can result in suspension or expulsion from school. I agree to be liable and totally responsible for any damage done to any room or any area of the campus. I understand that LABI has taken extensive safety measures; however, I also recognize that LABI cannot insure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I will release LABI from all liability and claims of liability and will hold harmless LABI, its staff, employees, volunteers, students, and it's directors from any claims of liability arising from my participation in LABI's dormitory living, and school activities. I agree to pay for damages that I may incur to my room and/or dormitory. I agree to properly check-out of my room by following all check-out procedures as aligned in the student manual and I agree to pay a \$100 for not properly checking out.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_