

# Current Housing Application – The Gem College Housing Northwest - Corvallis



Complete this Housing Application to secure an apartment owned by College Housing Northwest - Corvallis. Please fill out all information and provide your unit selection. Your credit card information will be processed for the non-refundable application fee, and for the \*refundable security deposit.

**Application Process:** When submitting this completed application, you are assigned into the unit you select.

**Eligibility:** You must be attending Oregon State University, be at least a sophomore in class standing (45 academic credits on your Oregon State University transcripts) at time of move-in, and taking at least eight credit hours per term (for graduate students three credits). Any person living with a student must be a spouse, immediate family member, domestic partner, or a roommate meeting student status requirements. Faculty and staff are also eligible to live at The Gem.

**Additional Information:** For additional information please contact The Gem, Monday through Friday 8:00am –7:00pm PT at (541)713-7222, and on the web at [www.thegem.org](http://www.thegem.org) or email “[info@thegem.org](mailto:info@thegem.org)”.

<p><b>Return this Application to The Gem Housing Office at:</b></p> <p><b>155 NW Kings Blvd., Corvallis, OR 97330 or fax to 541-713-7220.</b></p> <p><b>PLEASE TYPE OR PRINT ALL SECTIONS OF THIS APPLICATION IN INK</b></p>	<b>FOR OFFICE USE ONLY</b>
	Date Rec'd:
	Initial Rec'd:
	Unit #:
	SEC DEP Can. Date:
Notes:	

## General Information

First Name:	Last Name:
Student ID #:	Birth date:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	

## Current Address Information

Street City, State Zip Code		
Email:		
Phone:	Primary:	Alternate:

## What Class Standing Will You Have At Time Of Move In? (Based on credit standing. Include if you are an honors college student)

--

## Roommate Information

If you plan on having a roommate please provide us with the following information. Roommates are an additional \$50 per month with rent. Roommates are not allowed in 2 and 3 bedroom units.

First Name:	Last Name:
Student ID#:	Birth Date:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Phone:	Email Address:

**Apartment Selection:**

(Price includes rent and amenities including furnished units, utilities, cable TV, and high speed internet. Access to the business center, fitness room, game room, study lounges, community kitchen and plasma TV room.)

Please select your unit type. Price ranges are subject to change.

- Studio; \$555 - \$705 per month     Large Studio; \$705 - \$825 per month     Deluxe Studio; \$820 - \$870 per month
- 1-Bedroom apartment; \$845 - \$915 per month
- A bedroom in a 2-Bedroom apartment; \$670 - \$695 per month
- A bedroom in a 3-Bedroom apartment; \$640 - \$730 per month

Provide your specific unit number selection:

**When would you like to move in?**

\*CHNW-Corvallis can not guarantee the unit you select will be available on your selected move-in date.

\*\*All 12 month leases include a \$20 per month rent concession

Move-In Date:            I plan on arriving \_\_\_\_\_ (Please provide the exact move-in date)

Contract Type:            Length of Lease \_\_\_\_\_ (Summer / 10 month / 12 month/ Short term)

**Credit Card Information** – All application fees must be paid upon receipt of this application. If you would like to pay by check or your personal credit/debit card in person you do not need to fill out this section. You do need to fill out this section if you are not paying in person or if you are paying with a card that is not your own (i.e. parents credit card). \*Please note: The card holder must sign this section. \*\*If you have previously completed a current waitlist application, you are not subject to the application fee.

Amount Authorized:

\*\* Application Fee (non-refundable) \$20.00  
 \*\*\*Deposit (refundable):            \$100.00  
 Total    \$120.00

Credit Card Type (circle one):    Visa    MasterCard

Credit Card Number:

V Code (last three numbers on signature plate):

Expiration Date:

Name on Account:

Signature:

- \*\*\*I understand that if I cancel this application more than 45 days after the date I applied and/or give College Housing Northwest- Corvallis less than 45 days notice from my indicated move in date of cancellation I will forfeit my \$100 deposit. If College Housing Northwest – Corvallis cannot place me in an apartment, the \$100 deposit will be returned. I also understand that I must cancel my application in writing through The Gem Housing Office.

Have you ever been convicted of a felony? \_\_\_\_\_ (yes/no)

If your records have been expunged pursuant to applicable law, you are not required to answer yes to this question. If your answer is yes, you are required to submit a detailed summary of the offense(s) from an appropriate judicial or corrections official, including copies of police reports, sentencing reports or other evidence satisfactory to Housing Northwest. Your application will be reviewed and you will be notified in writing of the decision regarding your housing request. Failure to disclose an incident will subject you to potential revocation of housing.

I AUTHORIZED CHNW- Corvallis, WITH RESPECT TO ANY INFORMATION RELATED TO MY STATUS AS A CURRENT STUDENT AT OSU, MY ENROLLMENT STATUS, MY CLASS STANDING AS SOPHOMORE OR HIGHER, MY ACADEMIC STANDING, AND THAT I HAVE NO FINANCIAL COLLECTION HOLDS OR STUDENT CONDUCT HOLDS ("RESTRICTED INFORMATION"), THE DISCLOSURE OF WHICH IS LIMITED, CONDITIONED, OR RESTRICTED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT, 20 USC §1232g, OR BY ANY OTHER APPLICABLE LAW OR REGULATION, (I) TO OBTAIN RESTRICTED INFORMATION RELATED TO TENANT'S HOUSING ELIGIBILITY FROM OSU AND AUTHORIZE OSU TO RELEASE SUCH INFORMATION TO CHNW; (II) TO DISCLOSE RESTRICTED INFORMATION REGARDING TENANT TO THE EMPLOYEES, DIRECTORS, OFFICERS, MANAGERS, MEMBERS, CONSULTANTS, LEGAL ADVISORS, AND OTHER REPRESENTATIVES OF CHNW, OWU AND THEIR CORPORATE AFFILIATES AS CHNW DEEMS APPROPRIATE IN MANAGING THE RESIDENCE HALL, IN ENFORCEMENT OF THIS AGREEMENT, IN PERFORMANCE OF CHNW'S OBLIGATIONS UNDER ANY AGREEMENT WITH OSU, OR IN THE PROTECTION OF THE HEALTH AND WELL-BEING OF TENANT; AND (III) TO DISCLOSE OR SUBMIT RESTRICTED INFORMATION REGARDING TENANT AS MAY BE REQUIRED IN CONNECTION WITH ANY LITIGATION, ARBITRATION, MEDIATION, OR OTHER PROCEEDING BETWEEN THE PARTIES CONCERNING THIS AGREEMENT OR AS MAY BE LEGALLY REQUIRED BY ANY GOVERNMENTAL OR COURT ORDER OR LAW OR REGULATION. I ACKNOWLEDGE THAT BY ACCEPTING THIS AUTHORIZATION, CHNW DOES NOT ASSUME ANY OBLIGATION IN ADDITION TO THAT WHICH IS IMPOSED UNDER APPLICABLE LAW WITH RESPECT TO HANDLING OF RESTRICTED INFORMATION AND DOES NOT ASSUME ANY OBLIGATION IN ADDITION TO THAT WHICH IS EXPLICITLY IMPOSED IN OTHER PARTS OF THIS AGREEMENT, THE HOUSING HANDBOOKS, OR APPLICABLE LAW REGARDING TENANT'S WELL-BEING. THIS AUTHORIZATION TO RELEASE RESTRICTED INFORMATION WILL EXPIRE WHEN THIS AGREEMENT TERMINATES.

GENQ0135 \_\_\_\_\_ (initials)

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