

Collegiate Housing International (CHI) - Centralia Application Form

Students will also need to complete the CHI – Centralia Student Housing Contract and a Missing Person Contact form. Those forms will be sent to you upon completion of this application. Parents or sponsors will be required to complete a Parental or Sponsor Guarantee of Housing form.

Send completed forms by email to: apply@chicentralia.com

When the Student Housing Contract is accepted it will be signed by management and emailed back to you as confirmation of acceptance.

Last Name: _____ First Name: _____

E-mail: _____ Phone: _____

Date of Birth: _____

Student ID # (ctcLink ID): _____

Permanent/Mailing Address: _____

City: _____ State (Province) _____

Country: _____ Postal Code: _____

Telephone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Country: _____

Your Gender: Female Male Other: _____

Gender Preference to Share Room: Female Male Other: _____

(A list of available roommates and contact information will be available to you)

Name of Person You Prefer to Share Your Room (If Applicable): _____

How long do you plan to stay at CHI? One Year Two Years More than Two Years

Do you play on a sports team ___ No ___ Yes: If so, on which team _____

Estimated date of arrival (If Known): _____

General Residence Hall Information

T-Shirt size: _____ You will be given a CHI T-Shirt upon check in.

Signing this application indicates you understand the CHI Building is under construction and there is a chance it may not be completed in time for fall occupancy. Should this occur, you will be refunded your application fee or alternate housing arrangements will be made. Currently, construction is on track for fall occupancy.

Student Signature: _____ Date: _____

Parent/Guardian Signature (If student is under 18)

_____ Date: _____

Application and Set Up Fee \$200.00

Payment may be made by check, money order, or credit card. Make checks and money orders payable to: **CHI-Centralia**.

Please provide:

Visa MasterCard Credit Card Number: _____

Expiration Date: _____ 3 digit PIN number on back of card: _____

Exact name on credit card: _____

Payments made with credit or debit card will incur a 3.5% credit card processing fee.

_____ I am interested in a monthly payment plan.

Upon receipt of this application and fee a Student Housing Contract will be sent to you. Should you elect not to execute the Student Housing Contract, \$100.00 of the Application and Set up Fee will be refunded to you.

This fee should be mailed to:

CHI Centralia
c/o Joel Crosby, Managing Member
4102 S Regal, Suite 201
Spokane, WA 99223