Congratulations on your decision to live on campus at Mercy College! Below is a list of important information and steps you must follow to ensure an apartment. Please let our staff know if you have any questions throughout this process by calling 419.251.2133.

STEP 1 Understand your rights and responsibilities as a Mercy residential student
Before you submit an application, be sure to read through our Residential Student Handbook and Housing Brochure on the website. They can be found at: http://www.mercycollege.edu/future-students/residence-life/

STEP 2 Apply for Housing
Once you have been officially admitted to Mercy College, complete all portions of this packet and return a signed copy along with a $100.00 application fee check/money order to:
Mercy College
Residence Life and Housing
2221 Madison Ave.
Toledo, OH 43604

Submitting an application does NOT guarantee you an apartment. Be sure to apply as soon as possible after you are admitted as housing is granted on a first-come, first-served basis and is not guaranteed.

STEP 3 Sign a Lease
Once the Office of Residence Life and Housing receives the above information and if an apartment is available, you will be mailed a lease to sign. You will have 5 business days to return the lease to Mercy College. The deadline will be listed on your lease. If you fail to return your lease by the deadline, you may forfeit your apartment.

The lease is an agreement to live in the apartment that Mercy assigns to you – which may or may not be the size of apartment you have preferred. Every reasonable effort will be made to assign you the size apartment you would like. Once the lease is signed you are guaranteed an apartment and are committed to occupying the apartment assigned to you for the entire lease term – typically 50 weeks.

If you are granted an apartment and sign a lease, your application fee will automatically become your security deposit. If you opt to not sign a lease once the application fee has been paid, you will forfeit that application fee.

If no apartment is available at the time your application arrives, you will be placed on a waiting list.

The housing application/pre-contract is only valid for the term indicated. If the desired term of occupancy changes, you must notify the Director of Student Life.

STEP 4 Receive Confirmation
Sometime in late spring/early summer you will receive a confirmation in the mail stating which apartment you have been assigned, who your roommate will be (if assigned one) and a move-in date and time. Move-in typically occurs the second and third week of August.
MERCY COLLEGE HOUSING APPLICATION

• Apartment assignments will be made based on the date your application and application fee are received. Apartment availability is on a first-come, first-served basis. Apartment types may or may not be available depending on demand. The Director of Student Life will ultimately determine in which apartment you will be placed. The Director may also move you at any time s/he determines as outlined in the lease and Residential Student Handbook.

• Roommate assignments are made by the Director of Student Life based on the information provided below by the student. It is imperative that students fill out this information, and not their parents. Roommate pairing is not guaranteed. Depending on demand, you may or may not be assigned a roommate.

• You may request to share an apartment with another Mercy College student but that pairing is not guaranteed. Both parties must request the other and submit applications and application fees simultaneously.

Name: ___________________________________________ Gender: ☐ Male ☐ Female

Street Address: ________________________________________________________________

City: ___________________________ State: ___________ Zip Code: ______________________

Home Phone: ___________________________ Cell Phone: ____________________________

Email: ___________________________________________ Date of Birth: __________________

Major: ___________________________ Check One ☐ First Time College Student
☐ Transfer from another College

Occupancy Year: ☐ 2011-2012 ☐ 2012-2013

Please list any special accommodations you may need: ________________________________
_______________________________________ _________________________________

Apartment Preference:
Please rank the following based on your preferences (1= most desired, 5=least desired)
☐ Studio/Efficiency (alone)
☐ One bedroom (alone)
☐ One bedroom shared with one other person (2 people total)
☐ Two bedrooms with one other person (2 people total)
☐ Two bedrooms with two other people (3 people total)

Living Environment:
Check the statement(s) that is most important to you in your living environment:
☐ Cost ☐ planned activities & events
☐ want roommate ☐ want to live alone ☐ size of apartment

Personal and Study Habits:
1. I usually go to bed at _______ and wake up at _______ (on weekdays).
2. I like to study ____________________ hour(s) each day.
3. I am accustomed to sharing a living space. ☐ Yes ☐ No
4. I study best in:  *(check all that apply)*
   - Complete silence
   - With the stereo and/or TV on
   - Alone
   - With others
   - Outside of the house/apartment (library, etc.)
   - In my bedroom
   - In the living room
   - Other: ________________

Room Environment:
I enjoy an open window. □ Yes □ No
I prefer a warm, cozy apartment. □ Yes □ No
I would rather have it cold than hot. □ Yes □ No
I can be flexible with room temperature. □ Yes □ No

*I would describe myself as:*  *I would like my roommate to be:*
- Very messy
- Comfortably disorganized
- Tidy
- Excessively neat
- Very messy
- Comfortably Disorganized
- Tidy
- Excessively neat

Post-Academic Activities:
I like taking naps in between or after classes. □ Yes □ No
I regularly participate in religious activities. □ Yes □ No
I play a musical instrument and continually practice. □ Yes □ No
   If yes, please specify instrument________________________________________

I like to listen to this kind of music (check all that apply):
- Alternative
- Classic Rock
- Blues
- Classical
- Country
- Pop
- New Age
- Oldies
- R & B
- Hip Hop
- Reggae
- Christian Rock
- Gospel
- Jazz

*I would describe myself as (check all that apply):*
- Introvert
- Extrovert
- Reserved
- Loud and Outgoing
- Value quiet time over socializing
- Like to be around a lot of people and activity

I smoke cigarettes: □ Yes □ No
Check all statements which describe you:

☐ I like to go dancing at clubs  ☐ I like to have a lot of people around me

☐ I like leisure reading  ☐ I like peace and quiet

☐ I like watching TV/movies  ☐ I like to share

☐ My stuff is my stuff. Hands off.  ☐ I like to cook/bake

☐ I have friends in Toledo area  ☐ I plan to go home every weekend

☐ I want to make friends to hang out with  ☐ I do not know anyone in the Toledo area

☐ I plan on getting involved in clubs and organizations

☐ I would prefer to order a pizza than cook

Personal Preferences:
I prefer a roommate who

☐ is a really close friend

☐ can peacefully coexist with me

I would NOT like a roommate who is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

AGREEMENT

I have read and understand the general information and policies for living in college sponsored housing as outlined in the Resident Student Handbook of Mercy College of Northwest Ohio. I accept the conditions, policies and procedures and agree to abide by them. Furthermore, I understand that Mercy College of Northwest Ohio is not responsible for any personal property and that any items I bring to the premises are at my own risk.

__________________________________________________________  ______________________________

Student Signature  Date
FELONY CONVICTION STATEMENT
FOR MERCY COLLEGE HOUSING APPLICATION

Students who have been convicted of or have pled guilty to a felony offense may or may not be permitted to reside in Mercy College of Northwest Ohio sponsored housing. Permission to live in the residence halls with a felony conviction will be determined by the Dean of Students on a case-by-case basis, depending upon the circumstances of the conviction. Failure to answer this question truthfully will result in the immediate cancellation of an individual's housing contract.

Have you been convicted of a felony offense?  ☐ Yes ☐ No

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 the Dean of Students. 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 your college-sponsored housing and/or admission to the college.

Signature __________________________ Date _____________________
Printed Name __________________________

MENINGITIS

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. At least 70% of all cases of meningococcal disease in college students are vaccine preventable. The American College Health Association, The American Academy of Pediatrics, and The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommends that college students living in residence halls learn more about meningitis and vaccination.

What is meningococcal meningitis? Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

How is it spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

What are the symptoms? Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

Who is at risk? Certain college students, particularly freshmen who live in dormitories or residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.

Can meningitis be prevented? Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

For more information: To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org.
MENINGOCOCCAL VACCINE REQUIREMENT

Student Name __________________________________ SS# ____________________________

WAIVER

Individuals 18 years of age or older may sign a written waiver choosing not to be vaccinated against meningococcal disease. For individuals under 18 years of age, the parent or guardian of the individual must review the information on the risks of meningococcal disease and sign a written waiver that he/she has chosen not to have the individual vaccinated against meningococcal disease.

FOR INDIVIDUALS 18 YEARS OF AGE OR OLDER:
I am 18 years of age old or older. I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that an individual enrolled in an institution of higher education shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine.

________________________________________  ____________
Signature of Individual                           Date

FOR INDIVIDUALS UNDER THE AGE 18:
I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that an individual enrolled in an institution of higher education shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine for my child _________________________

Printed Name of Child __________________________

________________________________________  ____________
Signature of Parent/Guardian                          Date

TO BE COMPLETED BY PHYSICIAN IF VACCINATION IS ELECTED AND WAIVER IS NOT SIGNED:

Meningococcal vaccine was administered to ______________________ on ________________

Student Name _______________________ Date ________________

________________________________________  __________________________
Health Care Provider Signature     Printed Name

Address

________________________________________  ____________
Agency Name                           Phone Number