



Housing Application

All applications must be accompanied by a \$25 application fee and \$100 housing deposit.
If you have questions, contact your Admissions Counselor or email admissions@criswell.edu.

I am a: current student new student Semester/Year housing is desired: _____

Personal Information

Name: _____ Last 4 of Social Security: _____

Address: _____ City, State, Zip: _____

Country: _____ Date of Birth: _____ Age: _____ Gender: Male Female

E-mail: _____ Home phone: _____ Cell: _____

How many hours you are taking in the upcoming semester: _____ Degree: A.A. B.A. M.A. M.Div.

Major: _____

Emergency Contact Information

Emergency Contact Name: _____ Emergency Contact #: _____

*If applicants wish to live together, they must all submit their applications before the available spaces are filled. Specific roommate requests will be honored, if possible, but are not guaranteed. The college reserves the right to alter any room assignment in order to accommodate changing housing needs.

Statement of Understanding

- I understand this application will not be considered complete until the \$25 application fee and \$100 housing deposit is received.
- I understand that I must be enrolled as a student taking a minimum of nine hours each semester, excluding the summer semester.
- Once I am accepted into Criswell College housing, I agree to abide by all policies as outlined in the Housing Handbook.
- I understand that applications, deposits, and contracts will be processed on a first-come, first-served basis and are subject to room availability.
- I understand that if I choose to decline available housing after the application deadline, the application fee and housing deposit will not be refunded.

By signing this application, I indicate that I have read the above "Statement of Understanding" and agree to abide by the terms set forth therein. I also give Criswell College permission to release my contact information to future roommates and apartment personnel.

Applicant Signature: _____ Date: _____

For Office Use Only

Applicant: Fully Admitted - Date: _____ \$25 App Fee - Date: _____ \$100 Housing Deposit - Date: _____

Background Form - Date: _____ Background Check Completed - Date: _____ Roommate Form - Date: _____

BACKGROUND CHECK AUTHORIZATION

The information requested below is used as a part of the application for housing and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested.

FCRA DISCLOSURE AND ACKNOWLEDGMENT

Important – Please read carefully before signing acknowledgement new additions have been made January 2014 in order to comply with the FCRA Article 613.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

("the Company") may obtain information about you for employment, tenant, or volunteer purposes from the following consumer reporting agency ("the Agency"). Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, or from another outside organization. The Agency's privacy policy can be found at <http://www.datasourcecorp.com>. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment, and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media. You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired for employment, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, <http://www.datasourcecorp.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I authorize these agencies to provide you with consumer and investigative consumer reports. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Maine, Massachusetts, and New Jersey employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.

Minnesota employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

New York employees only: You have the right to request whether Company requested a consumer report and, if so, Company will give you the name and address of the report's provider if other than Agency.

California, Minnesota and Oklahoma employees only: Please check this box if you would like to receive from Agency a copy of any report furnished by Agency to the Company pursuant to your authorization. []

Washington employees only: The Company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request or after requesting the investigative consumer report, whichever is later. You have the right to ask Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Full Name	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Current Address (Required):			From
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Contact Telephone Number:		Email Address:	
SIGNATURE:			DATE:

