



1293 Broadway/One Herald Center
New York, NY 10001
Tel: 212 - 672 - 6467
Fax: 212 - 675 - 0362

OFFICE OF INTERNATIONAL STUDENT SERVICES

ACCOMMODATION REQUEST FORM

PART I – STUDENT INFORMATION

Family Name: _____ First Name: _____ Middle Name: _____
 Date of birth (mm/dd/year): _____ Nationality: _____ Male () Female ()
 Address: _____ Country: _____
 Telephone (country code): _____ Email: _____
 Check-In Date (mm/dd/year): _____ Check- Out Date (mm/dd/year): _____

PART II – ARRIVAL INFORMATION

Airport Pick Up: Yes () No () Airport Drop Off: Yes () No ()
Please write the details event if you don't need airport pick up.
 Arrival date (mm/dd/year): _____ Time (am/pm): _____ Airport: JFK () LGA () Newark ()
 Airline: _____ Flight # _____ Terminal # _____

PART III – HOUSING SELECTION

1. HOUSING OPTIONS	2. ROOM OPTIONS	3. LOCATION/BOROUGHES	4. HOMESTAY PREFERENCES
<input type="checkbox"/> Homestay <input type="checkbox"/> Room in shared apartment <input type="checkbox"/> Morningside Inn <input type="checkbox"/> Amsterdam Residence <input type="checkbox"/> YMCA Vanderbilt	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Group reservation	<input type="checkbox"/> Manhattan <input type="checkbox"/> Brooklyn, or other boroughs <input type="checkbox"/> New Jersey	<input type="checkbox"/> Only breakfast <input type="checkbox"/> Breakfast and dinner <input type="checkbox"/> With children () no preference <input type="checkbox"/> With pets () no preference Allergies or special medication: _____ Do you smoke: yes () no ()

PART IV –EMERGENCY CONTACT INFORMATION

Family name: _____ Fist name: _____ Relationship to student: _____
 Telephone (country code): _____ Email: _____

HOUSING TERMS, CONDITIONS, CANCELLATIONS AND REFUND POLICY

Accommodation Placement fee: \$100 non-refundable and non-transferable. Fee must be paid upon submission of this application, minimum 2 weeks prior to arrival.



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Payment: Accommodation rates are subject to change without notice. All housing rent and fees must be paid directly to the host family, apartment owner or residence. In order to ensure placement, the accommodation request form must be received by ASA College/NYLLC at least 2 weeks prior to the student's arrival. Payment of the housing cost must be made before you can receive the keys to your accommodations.

Damages: ASA Housing reserves the right to withhold transcripts if the rooms are not returned in satisfactory condition. This includes damage to the apartment and missing items.

Cancellations: cancellations or any changes must be received in writing 14 days BEFORE the check in date requested. If the cancelation is not made 14 days prior to arrival, there will be a cancellation charge of \$250 in addition to the placement fee of \$100. After the housing unit has been occupied, no refunds will be granted. Students need to make use of the days/weeks/months already paid for.

LIABILITY: ASA College/NYLLC and its affiliates are not liable for responsible for any losses, damages or personal injuries incurred during a student' stay in any of the accommodation. ASA College/NYLLC is not responsible for any type of living arrangement or dispute between the management of the residence, host family or apartment owner and the student.

Any unlawful activity, drug use, or abuse of property, inappropriate behavior toward host family, neighbors or roommates is grounds for dismissal from Housing and will lead to forfeiture of all fees.

Any complaints related to the accommodation should be reported to the International Department Manager immediately.

I hereby agree to assume and be solely responsible for all rental payments and other obligations. Furthermore, I certify that I have read, understand, and agree to the Housing Terms and Conditions, as set forth by ASA College and New York Language Learning Center.

Student's Signature _____ **Date** _____

Credit Card Authorization to ASA College / NYLLC

Note: This authorization is for only this single transaction. I represent that I am the Legal owner of this Card

Cardholder's name _____

Card type _____ Credit Card Number _____

Expiration Date (mm/year) ____ / ____ Security Code _____

Office Use Only	
Student ID#	_____
Rep. Name	_____
Received on	_____
Confirmed on	_____