

This Housing License **License**
On-Campus Management, Inc. (

«Primary First Name» «Primary Last Name» (**Licensee**
as agent for University of Maryland, Baltimore **UMB** .

Capstone

Background

Licensee has applied for and Agent hereby agrees on behalf of UMB to provide housing accommodations (the
in Pascault Row Apartments at 651-665 West Lexington Street, Baltimore, Maryland **Pascault Row**
to manage Pascault Row and to act on UMB

)
UMB

provided by UMB or the Agent, except under extraordinary circumstances

b) UMB or the Agent may relocate Licensee for the following reasons, among others:

- i. To vacate or consolidate a room, apartment, or building;
- ii. To provide necessary space to accommodate staffing needs;
- iii. To vacate an area for the purpose of major repairs or when maintenance difficulties render an area unsafe;
- iv. When unusual circumstances occur affecting the health or safety of the Licensee or others;
- v. In response to conduct violation of published Policies and Regulations;
- vi. When UMB or Agent deems it advisable for the welfare and benefit of Licensee and/or other students; or
- vii. As requested by the University of Maryland, Baltimore.

c) If Licensee selects or is assigned to a medical-needs unit, Agent reserves the right to reassign Licensee in the event that this designated space is needed for another Licensee with specific documented medical need.

d) UMB or Agent reserves the right to discard or store for a limited time any personal property remaining in the Apartment after it has been reassigned or not timely vacated, and UMB and Agent shall have no liability to Licensee or any other person for such discarding or storage.

6. License Status Required By the start of the Term of this License, and at all times during the Term or any renewal thereof, Licensee must be enrolled in a graduate or undergraduate program of UMB, or otherwise be an eligible occupant of Pascault Row to include but not limited to local Universities and Colleges and other University of Maryland entities. Licensee grants Agent permission to verify student status with UMB. Licensee must provide a Letter of Acceptance or Offer Letter from their Institution/Department for review of eligibility. Licensee will remain responsible for full Term of license after graduation.

7. Spouse and Dependent Housing. Upon completion and

or domestic partner of the Licensee. Agent may request documentation to prove marital or domestic partner status. Licensee agrees that he/she will not permit anyone else to occupy the Apartment. There is a \$200 per month charge when a spouse or domestic partner has been approved to live with a Licensee. Agent reserves the right to deny residency immediately, treat such residency as a breach of this License and pursue remedies set forth in Section 3 or require Licensee and/or non-permitted occupants to vacate the Apartment if Licensee does not meet these requirements.

8. Meningococcal Vaccination. Students residing in college housing must be vaccinated against meningitis. Licensee may be exempted from this if Licensee objects thereto in a written statement signed by the Licensee (or parent/guardian if Licensee is under 18 years of age), explaining how the administration of immunizing agents conflicts with the Licensee
Proof of vaccination or Licensee objection thereto must be on file with the Agent at the Management Office

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties have signed this Housing License, effective as of the date of the last signature below.

LICENSEE

«E1_Signature»

Signature

«Primary_First_Name» «Primary_Last_Name»

Print Name

CAPSTONE ON-CAMPUS MANAGEMENT, INC. *as agent for Maryland Economic Development Corporation*

By: «Ei1_Signature»

Signature

APARTMENT INFORMATION

Apartment Location:	«Cvl_Unit_Location»		
Apartment/Room:	«Cvl_Assigned_Unit_Space»		
Mailing Address of Assignment	«Cvl_Mailing_Address»		
Apartment Type:	«Cvl_Unit_Assignment_Type»		
Start Date:	«Cvl_Renewal_License_Start_Date»	End Date:	«Cvl_Renewal_License_End_Date»
Occupancy Fees:	FALL: \$«Cvl_Prow___Fall_Rate» / SPRING: \$«Cvl_Prow___Spring_Rate»		
Deadline for Requesting Change in Assignment:	«Cvl_Deadline_For_Requesting_Change»		

Emergency Telephone Numbers

Ø	
Ø	-3333
Ø Fayette Square after-	-5528
Ø	-6882

LICENSEE INFORMATION

Licensee Information

Name: «Primary_First_Name» «Primary_Last_N9574.78 342.41 2ry_Lrimary_Last_

MENINGOCOCCAL VACCINE WAIVER FORM

Dear Future Licensee:

Effective June 1, 2000, Maryland Law requires that every student, who resides in University housing, be vaccinated against meningococcal disease or sign a waiver. Please read below and select (via check) box ONE OF THE TWO sections below, as it pertains to you and then sign below.

«E1_Checkbox» MENINGOCOCCAL VACCINE REQUIREMENT

I have received the meningococcal vaccine as required by Maryland Law for individuals residing in University Housing. Documentation from a physician or health clinic or receipt of vaccine, and date vaccine was administered will be emailed to umbhousing@umaryland.edu prior to the start of the license agreement/move-in date.

«E1_Checkbox» WAIVER AGE 18 YEARS OR OLDER

I am 18 years of age 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 Maryland Law requires that an individual enrolled in an institute of higher education in Maryland who resides in University Housing shall receive vaccination against meningococcal disease unless the individual signs the waiver to the vaccination.

I voluntarily agree to release, discharge, indemnify, and hold harmless UMB Housing/Fayette Square/Capstone Management, from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

I choose to waive receipt of the meningococcal vaccine.

I confirm the information provided above to be true and accurate.

«E1_Signature»

Signature

«Primary First Name» «Primary Last Name»

Printed Name

Initial: