

HOUSE NAME: _____ SEMESTERS APPLYING FOR: _____

APPLICANT INFORMATION

Name (please print): _____ Email: _____
(first) (middle) (last) (please print)

Drivers License Number: _____, State _____ U.I.N. (required) _____

Cell Phone: (____) _____ Date of Birth: ____/____/____ Male Female

Current Local Address: _____
(street) (city) (state) (zip)

Permanent Address: _____
(street) (city) (state) (zip)

Are you a student? Yes No University attending: _____ Age Now: _____

If a student, what is your current major: _____ minor: _____

Year in school starting this next August: Freshmen Sophomore Junior Senior Graduate

Have you ever been convicted of a felony? Yes No Reason: _____

Have you ever been evicted from any residence? Yes No Reason: _____

Have you ever filed bankruptcy? Yes No If yes, when: _____

Emergency Contact Name: _____ Email: _____
(first) (middle) (last)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Address: _____
(street) (city) (state) (zip)

Relationship to Contact? _____ Secondary emergency contact: _____
(name) (phone)

Will you be needing a parking space during your stay? Yes No One semester only

Vehicle Make: _____ Model: _____ Color: _____ License Plate #: _____

I would describe myself as: Very neat Somewhat tidy Untidy

I would describe myself as: Very quiet Average Noisy

I study: Often Average Seldom

I smoke: Often Occasionally Never

I drink: Often Occasionally Never

Signature of Applicant: _____

Date: _____

“The information applicant has provided above is accurate and true to the best of applicant’s knowledge.”

