

Family Housing Application

Applicant Information:

First Name:	M.I.:	Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth date:	A#:	Status: Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Other <input type="checkbox"/>	
Are you currently or have you ever lived on campus? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, where?	
Email:			
Contact Phone(s)	<input type="checkbox"/> home <input type="checkbox"/> cell		<input type="checkbox"/> home <input type="checkbox"/> cell
Permanent Address: Street:			
City:		State:	Zip code:
Have you, or anyone who will be living with you, ever been convicted of a felony or misdemeanor other than a minor traffic violation, or is any such charge now pending? Yes <input type="checkbox"/> No <input type="checkbox"/> If, yes attach a description of the incident(s), including the date(s) and location(s). If your answer changes prior to moving in, you must promptly contact the Housing Office to provide an explanation.			

Family Members:

Name	Relationship	Birth date	A# (if applicable)

Emergency Contact:

Name:	Phone:	Relationship:
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Style of Residence	Order of Preference	Up-stairs	Down-stairs	No Pref.	Additional Requests:
1 bedroom					
2 bedroom					
3 bedroom Aggie Village					
3 bedroom West Stadium Villa					
Townhouse					

Desired move-in date:

Confirmation of Application and Contract Agreement

I have read and understand the terms and conditions of the 2013-14 Utah State University Student Housing contract. I understand that signing this agreement obligates me to reside in on-campus housing for the entire academic year or remainder thereof, as applicable, and to abide by the contractual terms and conditions of occupancy.

Signature: _____ **Date:** _____

Complete the section below only if you will charge the deposit to a credit or debit card:

I authorize Housing Services to charge my credit card \$150.00 (\$100.00 security deposit and \$50.00 non-refundable application fee):

Card #						
Card Type (select one)	MasterCard					Expiration Date:
Name on card:						
Cardholder's Signature:						

Staff Signature: _____ **Received:** _____ **RMS #**

Deposit Paid by: **Cash** or **Check** - Ck #: _____