

APPLICATION FOR RESIDENCY
Spartan Residence Hall

(Please return this Application for priority housing reservations.)

Program: _____ **Grad Date:** _____

Name _____

Home Phone (____) _____ Cell Phone(____) _____ E-Mail _____

Sex _____ Age _____ Birth Date ____/____/____

Permanent Address _____ City, State, Zip: _____

NEAREST RELATIVE IN CASE OF AN EMERGENCY:

Name _____ Phone (____) _____

Present Address _____ City, State, Zip: _____

Transportation: __ Vehicle __ Bike __ Bus __ Walk

I want to live with the following person(s) _____

Describe your ideal roommate _____

____ I keep late Hours ____ I go to bed Early ____ I am a Good Housekeeper
____ I am a poor Housekeeper ____ I am a Smoker ____ I am a non-smoker
____ I have a severe aversion to smoke

Note: All units are non-smoking units. People may smoke outdoors.

Music I enjoy _____

My Likes and Interests _____

My dislikes and turn-offs _____

Do you have a disability that we should be aware of? (Explain) _____

AUTHORIZATION OF BACKGROUND VERIFICATION

I/we represent that all statements provided on my rental application and housing packet are true and complete for all proposed occupants of the unit. I/we hereby authorize verification of the information I have provided; references, credit records, and criminal record search by Spartan College. I/we understand that any incomplete or untrue information may be grounds for the immediate termination of my lease. I/we acknowledge that a comprehensive evaluation of this agreement may not be complete prior to move-in; however, Spartan College reserves the right to verify information after move-in and may terminate rental agreement if applicant provides false or misleading or incomplete information.

Have you ever been convicted of a felony or is an arrest pending? YES NO

IF YES, PLEASE EXPLAIN _____

APPLICANT SIGNATURE: _____ **DATE:** ____/____/____