

**Family Housing Application**  
Please complete this form in its entirety

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_

**Housing is needed beginning which semester?**

- January
- Spring
- Summer
- Fall
- Year \_\_\_\_\_

**Please number 1 through 3 (1 most preferred; 3 least preferred) your desired bed/bath size:**

- 2 Bed/1.5 Bath
- 3 Bed/2 Bath
- 4 Bed/3 Bath

**Do you need a furnished unit? (International Students only)**

- Yes
- No

**Marital Status:**

- Single
- Married

**Spouse's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Are there any health concerns that should be considered in regards to housing?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_