

INDIANA STATE UNIVERSITY RESIDENTIAL LIFE UNIVERSITY APARTMENTS APPLICATION	Application Fee Paid: _____ Completion Date: _____	Office Use Only
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(Please Print Clearly)

(1) NAME: _____ (2) (_____) _____
(Last) (First) (Middle) (Telephone Number)

(3) 991 _____ (4) Male Female (5) ____/____/____ (6) _____
(Student ID Number) (Date of Birth) (E-Mail Address)

(7) PERMANENT ADDRESS: _____
(Street Address)

(City) (State) (Zip) (Country)

(8) PRESENT ADDRESS: _____
(Street Address)

(City) (State) (Zip) (Present Telephone Number)

(10) Month/Day/Year to Occupy Apartment: ____/____/____

(Please check one)

- Academic Year Contract (ends May, graduation day)
 Summer Contract Only (ends @the conclusion of summer terms)

(11) Indiana State University Interlink

(12) Graduate Undergraduate _____ Hours Completed Faculty/Staff Other: (Indicate Status) _____
(Under 21)

(13) Have you or any proposed occupant previously resided in University Apartments? Yes No
 If yes, why did you or the proposed occupant vacate? _____

(14) Have you or any proposed occupant ever been convicted of a crime? Yes No

(15) Please check one: Married Single Student with Children Single Student
 Single Student requesting Co-Tenant Single Student requesting Non-Student
 *Married, Single with children or Single with Non-Student complete Section 17.

(16) Single Student requesting Co-Tenant:

Name of Co-Tenant: _____ Date of Birth: ____/____/____
 Student ID Number: 991 _____ Male Female

(17) *Married/Single Students with children/Single with Non-Student:

Name of Spouse or Non-Student: _____ Date of Birth: ____/____/____
 Student ID Number: 991 _____ Male Female

Please list all children below:

Name: _____ Male Female Date of Birth: ____/____/____
 Name: _____ Male Female Date of Birth: ____/____/____
 Name: _____ Male Female Date of Birth: ____/____/____

(18) Indicate the type of apartment you are requesting. Make only three choices, in order of preference. The order of preference will be followed as closely as possible. **Unit I is the only furnished apts.**

<u># of Bedrooms</u>	<u>Furnished/Unfurnished</u>	<u>Building/Unit (I, II, III or IV)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you have chronic ailment, physical disability, or a learning disability which requires special accommodations, please notify Residential Life of the special need in writing at the time of application. I certify that the above information is factual and complete.

 Date of Application Signature of Applicant

This form is to be completed and returned with a \$20.00 non-refundable application fee (if you have never applied to live either on campus or the apartments) to: Residential Life, Indiana State University, Terre Haute, IN 47809. Make check or money order payable to Indiana State University. Do Not Send Cash. This is not a contract. An email will be sent to you if an apartment becomes available. The first month's rent will be due when you sign the contract.