



THINK • WORK • LOVE

Residential Life Housing Application

This agreement is made by and between Allen University and the undersigned student desiring to reside in university housing. This agreement does not constitute a commitment of admission to the University and is null and void unless the student is duly accepted by the Office of Admissions. By signing and returning this Resident Application and Agreement, the student indicates the acceptance of the terms and conditions to apply and occupy university housing stated in this agreement and the Allen University Student Handbook.

Application must be returned with \$150 NON-REFUNDABLE fee. NO PERSONAL CHECKS ACCEPTED!

Fall & Spring Semester 20__-20__ Fall Semester Only 20__ Spring Semester Only 20__ Summer 20__

APPLICANT INFORMATION <i>(Please Print or Type)</i>			
Student Status: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Transfer Student			
Full Legal Name: <i>(Last, First, Middle)</i>			
Social Security#: - - -	Date of Birth: / /	Gender: Male____ Female____	
Mailing Address:			
City:	State:	Zip:	Country:
Parent's Address <i>(If different from above):</i>			
City:	State:	Zip:	Country:
Home Telephone: () -	Parent's Telephone: () -	Cell Phone: () -	
University Classification at time of application <i>(please check one)</i> :			
<input type="checkbox"/> 1st Time Freshman <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Transfer Student			
Additional Information: Have you ever been arrested or convicted of a felony offense? If yes, describe below:			
ROOMMATE PREFERENCE <i>(Please Note: We DO NOT guarantee roommate requests)</i>			
All preferences are processed based upon date of application, payment of housing deposit, available space, and additional information provided. If requesting a specific roommate(s), please provide the following information. All roommate requests must be mutual.			
Preferred Roommate #1:			
Preferred Roommate #2:			
Preferred Roommate #3:			
DISABILITY HOUSING REQUEST			
Do you have a disability or condition warranting special consideration/accommodations in making your housing assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, students requesting special housing accommodations must attach verification from personal physician regarding specific requests regarding disability. The university can only ensure reasonable accommodations.			
EMERGENCY CONTACT			
Name:			
Mailing Address:			
City:	State:	Zip:	Country:
Email:			
Cell Phone: () -	Home Phone: () -	Work Phone: () -	