

UCU STAFF ON CAMPUS HOUSING APPLICATION

APPLICANT INFORMATION

Name:		
Email:	Extension:	Phone:
Job Title:		
Department:		Division:

CURRENT RESIDENCE INFORMATION

Current address:	
City/Town:	
Own Rent <i>(Please circle)</i>	House Flat <i>(Please circle)</i>

SPOUSE INFORMATION *(ATTACH COPY OF MARRIAGE CERTIFICATE)*

Name:		
Date of birth:	Phone:	Email:

SPOUSE EMPLOYMENT INFORMATION

Current employer:	
Position:	
Employer address:	
How long?	
Phone:	E-mail:
City:	District:

BIOLOGICAL OR ADOPTED CHILDREN UNDER 25 YEARS RESIDING WITH YOU *(ATTACH COPIES OF BIRTH CERTIFICATES)*

Name	Age:
Name	Age:
Name	Age:
Name	Age:
Name	Age:

OTHER CONSIDERATIONS

Are there other family members living with you? Yes No <i>(Please circle)</i>	Number of others:
Relationship of others to you:	
Do you have a car to accommodate? Yes No <i>(Please circle)</i>	Do you have pets? Yes No <i>(Please circle)</i>

SIGNATURES

I certify the information provided on this form is accurate.	
Signature of applicant:	Date:
Signature of spouse <i>(if married):</i>	Date:

FOR ADMINISTRATIVE USE ONLY

Date Received:	Date Heard by Committee
Committee Decision:	Housing Assignment
Date Response letter Sent	Reconsider?