

STUDENT HOUSING APPLICATION

ADDRESS: _____

MOVE IN DATE WANTED: _____

APPLICANT:

Name: _____ **SS#** ____ - ____ - ____

Address: _____ **Zip** _____

Tel# _____ **Email:** _____

CO-SIGNER:

Name: _____ **SS#** ____ - ____ - ____

Address: _____

How Long have you lived there _____ **Own/Rent** _____

Tel# _____ **Email:** _____

Co-Signer Employment:

Address: _____

Tel.: _____

Supervisor: _____

Salary: \$ _____ **per week.**

Other Income: _____

By my signature I certify that the information provided in support of this application is true. I also authorize the use of all information provided for the purpose of verification and credit check.

_____ **Date:** _____

Applicant Signature

_____ **Date:** _____

Co-Signer Signature