



MISSISSIPPI VALLEY STATE
UNIVERSITY.

FACULTY AND STAFF HOUSING APPLICATION

DATE: _____

Name: _____ **ID#:** _____

Position/Department: _____

Work Phone Number: _____

Mailing Address: _____

Email Address: _____

Unit Desired: House Apartment

Number of persons to live in unit: _____

Number of Bedrooms Desired: _____ **Number of Bedrooms Acceptable:** _____

NOTE: Application for housing expires on June 30th of each fiscal year and must be renewed yearly, if housing is still desired. If you receive an offer for housing and you choose not to accept the offer, you will rotate to the bottom of the list in your category.

*** To complete the application process please email this application to cmcgee@mvsu.edu!**