

FACULTY AND STAFF HOUSING APPLICATION

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| --- | --- | --- | --- | --- | --- | --- |
| 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.