

FAMILY HOUSING APPLICATION

For your information: the individual applying for Family Housing <u>must</u> be an admitted student to WOU <u>prior</u> to occupying apartment.

Name:						OU ID#:		
Mailing Address:	Last		First		MI			
	Street			City			State	Zip
Telephone	Phone #: _			WOU	email:			
Birthdate _	//	Entering Status:	FR SO	JR	SR	GRAD_	FACULTY	//STAFF
Names, rel	ationship to	you, and date of	birth of <u>dep</u>	<u>endents</u>	(i.e., spou	se, dome	estic partner,	child):
First Name	<u>MI</u>	<u>Last Name</u>	<u>Rela</u>	ationship (ie.	Spouse/dome	stic partner,	child, etc):	ate of Birth:
• No	more than t	four individuals pe	er apartment.	•				
Facility you		oply for: Kno Alde Please prioritize b es for all Family Hous	r View Town ased on which	house Uni	it it you prefer	to live in		s/
Please indi	cate the da	ate you plan to arriv	ve to campus	s:	Month		Year	
indicated yo and you are accept that	our preferred next on the space you w	date of occupancy, list, you will be offe	we may not be ered the spac nit a non-refur	e able to of e. You will ndable \$50	fer you a s have 48 h .00 applica	pace at the ours to restion fee at	nat time. Once spond to that c	g. Although you have a space is available offer. If you choose to \$500.00 deposit will be
		R TO SUBMITTING space becomes av			notified a	at the abo	ove email and	or phone number.
Sigi	nature				Da			
	ırn complet		Office of U Monmouth	niversity	Housing,		n Oregon Un	iversity
OFFICE USE								
Date Offered	Space	App Fee	Paid Date		Receipt	#		
Deposit Paid	Date	Deposit R	eceipt#	T	HD Student	nfo	Term Info	
Move In to Bu	uilding/Unit _			SPAI	DEN	-		