

Radford University-Operated Apartments

Application for Residence Academic Year: 2010-2011

Name: _____ Student ID#: _____

Current Address: _____ Cell Phone #: _____

_____ Permanent Phone #: _____

_____ E-mail Address: _____@radford.edu

Permanent Address: _____ Credit Hours Earned to Date: _____

_____ Current Class Standing: _____

Expected Graduation Date: _____/_____/_____
Month Year

Please initial each of the following statements to confirm your understanding of their content and your responsibilities as an applicant for the University-operated apartments.

_____ I understand that all information on this application is subject to verification by the Office of Housing and Residential Life. Failure to provide complete and accurate information within the established deadlines may result in my application being removed from consideration.

_____ I understand that it is my responsibility to verify that any financial aid I receive can be applied to living in University-operated apartments.

_____ I understand that if I am requesting specific roommates, each person must complete an application form which lists everyone's names in order to affirm that the placement is mutually agreeable for all residents.

_____ I understand that priority for selection will be given to upper-class students who currently live in University housing and who can fill an apartment for the entire academic year. As such, applications will be prioritized based on the current residence, ability to fill an apartment for an entire academic year, and class standing for all applicants.

_____ I must inform the Office of Housing and Residential Life if I will not or might not live in the Radford University operated apartment for either fall or spring semesters

_____ I understand that if any roommate decides to not return to Radford University or for any reason refuses to accept the assigned apartment, and the remaining roommates cannot fill the vacancy within two (2) business days, the entire apartment is subject to being assigned to the next group of students who can fill the apartment.

_____ I understand that a current resident of the University-operated apartments who wishes to return to an apartment must be able to fill the entire apartment or he/she may not be able to return to the apartment, at the discretion of Radford University.

_____ I understand that all University-operated apartments are smoke-free. Smoking can only occur in areas where the smoke cannot enter University-operated housing. Smoking from balconies, stairwells, etc., is prohibited.

_____ If a roommate does not return to Radford University by the end of the first week of classes, the remaining tenants agree to share the cost of the vacant apartment space or accept a roommate placed by the Office of Housing and Residential Life.

**Please list below the name(s) of the residents you wish to have as roommate(s)
for the 2010-11 academic year:**

Roommate one _____ Roommate two _____

Roommate three _____

Housing Preferences

Information in this section will only be used for the purpose of roommate matching. Please answer honestly and add any additional information that you feel might be helpful in this endeavor. Please mark the answers that most accurately represent you. In some cases, more than one answer might be appropriate. Each-year, apartment availability is contingent on the number of returning students; summer living options may be limited by summer maintenance plans.

I am interested in:

Any Space _____

Calhoun Street _____ Three

I am: _____ Male _____ Female

My roommate preference is: _____ Male _____ Female _____ No preference

I am a: _____ Smoker _____ Non-smoker

My preference with roommates is: _____ Smokers _____ Non-smokers _____ No preference

I study in my apartment: _____ Often _____ Seldom _____ Weekdays only
_____ Weekends _____ Day time _____ Night time

My sleeping habits include: _____ Early to bed _____ Late to bed
_____ Early to rise _____ Late to rise

Social Level

I have visitors in my apartment: _____ Often _____ Seldom _____ Only on weekends

I like to go out: _____ Often _____ Seldom _____ Weekdays _____ Weekends

My living environment is usually: _____ Very organized _____ Fairly Neat _____ Fairly Cluttered _____ Messy

List any special conditions or concerns, which you feel, would be helpful in roommate matching:

I am applying for residence in a university-operated apartment. I understand that this application is a preliminary process and that signing a housing agreement and paying a \$200.00 deposit by the advertised date will be required if I am selected to live in the apartments. I will be subject to all terms, policies, and conditions of the housing agreement, University Operated Apartment Information sheet, as well as those listed in the University's *Standards of Student Conduct*. I hereby state all of the information listed in this application is accurate to the best of my knowledge.

Applicant Signature

Date