



OFFICE OF RESIDENCE LIFE
APPLICATION FOR OFF-CAMPUS HOUSING

PLEASE NOTE: SMOKING AND PETS ARE NOT PERMITTED BY THE UNIVERSITY INSIDE THE HOUSING FACILITY.

A non-refundable deposit of \$150 is required and must accompany your Housing Application. If you are receiving financial aid from the University, your financial aid package may not cover the deposit / reservation fee. The non-refundable deposit is due no later than July 23, 2010 and will be used as a reservation for and the maintenance of housing.

Personal Information

Form fields for Last Name (Please Print), First, Middle Initial, UDC ID#, Current Address, City, State, Zip, Primary Telephone, and Secondary Telephone.

University Status: (Select One) Undergraduate Graduate Law School Community College

University Class Classification: (Select One) Freshman Sophomore Junior Senior

Enrolled for the Fall 2010: Yes No

Major/Program of Study:

Gender: (Select One) Male Female

Estimated period of occupancy required: Fall Spring Summer

Special Accommodations needed for a documented disability or medical condition: Yes No

Type of Accommodation(s) Needed:

PLEASE NOTE THAT YOU MUST HAVE DCOUMENTATION ON FILE WITH THE APPROPRIATE UNIVERSITY OFFICE IN ORDER FOR THE OFFICE OF RESIDENCE LIFE TO ACCOMMODATE YOUR DISABILITY OR MEET THE NEEDS OF YOUR MEDICAL CONDITION. FOR A DISABILITY, PLEASE REPORT TO THE OFFICE OF DISABILITY RESOURCES. FOR A MEDICAL CONDITION, PLEASE REPORT TO STUDENT HEALTH.

In order for your application to be considered, the University must retain a complete application package that includes:

- 1. Housing Application
2. Occupancy Agreement
3. Deposit (\$150 non-refundable made payable to the University of the District of Columbia – DUE July 23, 2010)
4. Immunization Records (Applicable if under the age of 26)
5. In good Financial and Academic standing with the University. (Applicant must file a Free Application for Federal Student Aid [FAFSA] form, and be approved by the Office of Financial Aid for the upcoming semester in order to be considered for housing.)

University Officials of the University of the District of Columbia are hereby authorized to make any inquiries as they deem necessary to verify the accuracy of the information set forth in this Housing Application.

PLEASE NOTE: Unless notified to the contrary, this application will be considered VOID within thirty (30) days if Residential Life has not received a signed Occupancy Agreement and all fees required have not been paid.

Emergency Contact

In case of emergency, please notify:

Name:	Relationship to Occupant		
Address	City	State	Zip
Email Address	Telephone		

As a student occupant, you may identify a contact person(s) who the University will notify if you become missing for 24 hours. The University will notify this person if it is determined that you are missing. This missing persons contact information will be kept confidential by the Division of Student Affairs/Office of Residence Life and will be accessible only to authorized campus officials and local law enforcement, to include the Office of Public Safety and the DC Metropolitan Police Department, in furtherance of a missing person investigation. The DC Metropolitan Police Department will be notified within 24 hours of the determination that you are missing. If you, the missing student, are under 18 years of age and not emancipated, the University will notify your custodial parent or guardian in addition to notifying the missing person contact as designated by you.

Missing Persons Contact

Name:	Relationship to Occupant		
Address	City	State	Zip
Email Address	Telephone		

OCCUPANCY APPLICATION PROVISIONS

1. Any false or misleading information on this occupancy application will result in immediate termination of application.
2. Subletting is prohibited at all times
3. All occupants are subject to abide by the University Code of Student Conduct, the Student Housing Operational Guide, all University Housing Rules, and all Washington D.C. and Federal Law.
4. This Application is subject to approval by the Office of Residence Life from the University of the District of Columbia.
5. Upon approval of this Application by the Housing Unit, and the execution of the written Occupancy Agreement entered into between the Applicant and the University, this application becomes a part of the Occupancy Agreement.

Prospective Occupant:

Signature	Printed Name	Date
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Parent/Guardian: (Required, if applicant is under the age of 18)

Signature	Printed Name	Date
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Profile

Check the appropriate box(es) to tell us about yourself:

- My living space is usually: Neat/tidy Not neat/tidy Somewhere in-between
I tend to be: An early riser (Day Person) Up late most nights
I consider myself a: Light Sleeper Moderate Sleeper Heavy Sleeper
My usual bedtime is: Before 10P.M. Before midnight After Midnight
I like to study with: Music/TV ON Music/TV OFF

My special interests/hobbies are: _____

Four traits or characteristics of my ideal roommates(s):

1. _____ 2. _____ 3. _____ 4. _____

Payment Information

Cash- Payable at the Cashier’s Office (Building 39, Room 201 on the 2nd floor) between 9:00 A.M. to 5:00 P.M.

Certified Check/Money Order-Mail to:

University of the District of Columbia, Cashier’s Office, Attn: Office of Residence Life, 4200 Connecticut Avenue, NW, Bldg 39, Room 201, Washington, DC 20008

Card Type: American Express Discover Visa Master Card

Credit Card Number 3 or 4 Digit Security Code (on back of card) Expiration Date

Name of Cardholder (Please Print) Signature of Cardholder

Billing Address Telephone Number of Cardholder

Name of Student Email Address UDC Student ID#

Terms and Condition

This application is hereby made to occupy a dormitory-style apartment unit at the University of the District of Columbia off-campus housing. The premises shall be used only as a residence and shall be occupied by a student of the University of the District of Columbia. The following name is in good standing with the University (print your name) _____ and, in any case, pending approval from the University, your Occupancy Agreement will be effective on the day you sign the agreement.

Agreement/Acknowledgement

All prospective and enrolled students are responsible for knowing and abiding by all the rules and regulations establish in the current Code of Student Conduct, Student Housing Operational Guide, and the Occupancy Residency Agreement. Any violation of the rules and regulation may jeopardize your off-campus residency and/or the enrollment of the University.

The Occupancy Agreement is binding for the academic year of 2010-2011. I understand that I must be a full-time student (12 or more undergraduate credit hours or nine or more graduate hours for a graduate student) attending University of the District of Columbia. I certify that I have read and understand all the terms and conditions of the University off-campus housing contract, also available online at www.udc.edu. I further certify that all of the representations made on my University Housing Application/Contract are true and correct. I understand that the Student Housing Operational Guide is part of the agreement. By signing this agreement, I agree to the terms and conditions stated herein. Once accepted by the Office of Residence Life, this agreement is binding until otherwise agreed upon in writing.

Signature of Student - Required _____ Date _____

Signature of Parent/Guardian (if student is under 18) _____ Date _____

THIS APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT OF DEPOSIT HAS BEEN RECEIVED.

OFFICE USE ONLY			
Acknowledgment of Receipt (Staff signature): _____	_____	Date _____	_____
Action: <input type="checkbox"/> Approved	Date _____	<input type="checkbox"/> Rejected	Date _____
Applicant Notified: _____	Date _____		
Vice President of Student Affairs or Designee: _____	_____	_____	_____
	Signature	Printed Name	Date