



OFFICE OF RESIDENCE LIFE
APPLICATION FOR OFF-CAMPUS HOUSING

SMOKING AND PETS ARE NOT PERMITTED INSIDE THE HOUSING FACILITY.

A Deposit of \$150.00 is due with your housing application no later . The deposit will be used to apply for housing for the academic year if available.

Personal Information

Form fields for personal information: Last Name (Please Print), First, Middle Initial, UDC ID#, Current Address, City, State, Zip, Primary Telephone, Secondary Telephone, Email Address (PRINT LEGIBLY)

University Status: (Select One) Undergraduate Graduate Law School Community College
University Class Classification: (Select One) Freshman Sophomore Junior Senior
Enrolled for the Fall 2012: Yes No
Major/Program of Study:
Gender: (Select One) Male Female

Estimated period of occupancy required: Fall Spring Summer

Special Accommodations needed (for medical condition): Yes No
Type of Accommodation(s) Needed:

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 May 15, 2012)
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 _____

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 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, on behalf of the owner of the property, this application becomes a part of the Occupancy Agreement. It is understood and agreed that the information set forth by the Applicant in this Application constitutes a material basis and inducement for the Housing Unit to approve the Application and to enter into a written Occupancy Agreement with the Applicant.

Prospective Occupant:

Signature _____ Printed Name _____ Date _____

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

Signature _____ Printed Name _____ Date _____

Profile

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

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

This Contract is binding for the academic year of 2011-2012. 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 Housing Guideline/Handbook is part of the contract. By signing this contract, I agree to the terms and conditions stated herein. Once accepted by the Office of Residence Life, this contract is binding until otherwise agreed upon in writing.

Signature of Student 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: Approved Date _____ Rejected Date _____

Applicant Notified: Date _____

Vice President of Student Affairs or Designee: _____
Signature Printed Name Date