

(740)593-7571 Office

(740)594-7816 Fax

**UNIVERSITY HOUSING  
QUALITY  
STUDENT HOUSING**

**Lease Term: June- June 09/010  
Sept- Aug 09/010**

**Rm. Type Studio 2 4  
(Circle one)**

**Male or Female  
(Circle one)**

**2009/2010  
Tenant Information**

**Name: First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Telephone Number: \_\_\_\_\_ Soc Sec Num: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Year: FR SO JR SR Grad Birth Date: \_\_\_\_\_

Major: \_\_\_\_\_ Current Age: \_\_\_\_\_

Parents Name: Father \_\_\_\_\_ Mother: \_\_\_\_\_

Parents Address:

Fathers: \_\_\_\_\_

Mothers: \_\_\_\_\_

Fathers Work Number: \_\_\_\_\_ Home: \_\_\_\_\_

Mothers Work Number: \_\_\_\_\_ Home: \_\_\_\_\_

Roommate Preferences: \_\_\_\_\_

\_\_\_\_\_

**Do you require accessibility under the Americans with Disabilities Act? Yes No**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

