

(740)593-7571 Office

(740)594-7816 Fax

**UNIVERSITY HOUSING
QUALITY
STUDENT HOUSING**

**Lease Term: June- June 11/12
Sept- Aug 11/12**

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

**Male or Female
(Circle one)**

**2011/2012
Tenant Information**

Name: First: _____ **Last:** _____

Local Address: _____ **City:** _____

State: _____ **Zip:** _____

Home address: Street: _____ **City:** _____

State: _____ **Zip:** _____

Local Telephone Number: _____

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:** _____

