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offcampushousing@hamptonu.edu

http:/mtcc.hamptonu.edu

## OFF-CAMPUS HOUSING INTAKE FORM

Please fill out completely in *print:* 

Date:			Student ID Number:					
Name:						Gender:	М	F
Major:				chool:				
Classification: Freshman	Sophomore	JR.	SR.	Graduate	Alumni	Faculty	Staff	Other
Current Address:			City:		State:		Zip:	
Contact Number:			Fax:					
Email:								
Emergency Contact: Phone Number:								
Price Range (ex. Monthly B	udget):				Smoker:	Y N		
Max. Travel Area (ex. 5 miles):				Handicap Accessible: Y N				
Desired Accommodations Apartment Condo/Townh With/Without Roommates Have you ever applied for	nouse Hous	se 1	Boarc	ing House	o Furr	Room in Lo nished o N		
Desired move in date:					Pets: Y	N		
Additional comments:								
	OF	FICE USE	ONLY	,				
Received Date:	Email		Fax	Tex	kt	In-Persor	n	Mail
Memo Date(s): Correspondences:							) <u> </u>	Mail
Landlord Name:	Addre	Address:			one:	M	ove in	date: