

# HOUSING INTENTION FORM

APARTMENT HOUSING



Name (please print) \_\_\_\_\_ ID # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Total Credit Hours (as of Aug. 1) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

**Check One:**  Male  Female Birth Date \_\_\_\_\_

**Apartment Type:**  Studio  1 Bedroom  2 Bedrooms

Indicate your roommates. Your roommates must be the same gender unless married. All roommates must fill out an apartment application and sign the contract.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

I understand a 125-meal/semester/person plan is required, and this plan cannot be changed.

Is the housing contract signed?  Yes  No

*All students living in the campus apartments must sign a housing contract.*

*The campus apartments are governed by the Dakota Wesleyan University housing policies, which include **no use of tobacco products (smoking and chewing) or alcohol in the apartments.** In addition, no pets are allowed. There are no restrictions on visitation policies.*

## SPECIAL NEEDS

Check here if you have special needs that should be considered when making your assignment. Attach letters of explanation from you and your physician.

I certify that this information is true and correct to the best of my knowledge. I understand that should I be found to be in violation of the policy, I will be required to comply with the policy and will be liable for the full semester's residential living costs.

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

### OFFICE USE ONLY

Assigned to Apartment No. \_\_\_\_\_ Entered in Database:  Yes