

FAMILY HOUSING APPLICATION

Date _____ Student ID #8000 _____

Last Name _____ First _____ Middle _____

Home Phone _____ Work/Cell Phone _____

CURRENT MAILING ADDRESS:

Street _____ City _____ State _____ Zip _____

Please check the box which reflects your family status or other eligibility for Family Housing at the time you desire occupancy. Proper documentation must be attached at the time of application.

- Married Married with children or dependents
 Single parent with children (dependents) Other legal relationship

I would like to request: One Bedroom Two Bedroom

Special accommodations needed: _____

Dates of desired housing (enter year): Fall _____ Spring _____ Summer _____

How long do you plan to live on campus at Montana Western? _____

Please list the names and relationship of all individuals who will be living in the apartment with you (First Name, Last Name, Date of Birth):

Applicants will be kept on the waiting list for a period of one year. After that time it is the applicant's responsibility to renew their application with our office. It is also the applicant's responsibility to notify us of any address or phone number changes.

Housing assignments are made according to the date the application is received in our office and availability of appropriate apartment spaces.

By signing below I understand that the above information is true and accurate and providing false information will disqualify me from being eligible to reside in Family Student Housing at the University of Montana Western. I also understand I will be required to sign a lease agreement and pay a \$200 damage deposit prior to taking occupancy.

Applicant's Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____

APPLICANTS RENT HISTORY:

To be completed by the applicant. All information may be checked by the Office of Residence Life

Student's Name _____

Student ID# _____

Spouse's Name _____

Spouse's Student ID# _____

FOR OFFICE USE ONLY:

UMW application on file.

Contact Date _____

Deposit _____

RENTAL REFERENCE:

Current Mailing Address _____

Landlord Name _____ Phone _____

Date Moved In _____ Date Moved Out _____

Payment History _____

Reason for Leaving _____

Comments _____

PREVIOUS ADDRESS:

Previous Address _____

Landlord Name _____ Phone _____

Date Moved In _____ Date Moved Out _____

Payment History _____

Reason for Leaving _____

Comments _____

Have you ever been evicted? Yes No

If yes, when and why? _____

Your signature is required for us to complete verification of the above rental reference history. I (we) give permission for Montana Western to verify rental reference information for application to Montana Western Family Housing.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____