

Mailing Address:
University Apartments
3900 Jennings Drive
Cedar Falls, IA 50613

**UNIVERSITY OF NORTHERN IOWA
DEPARTMENT OF RESIDENCE
University Apartments Housing Application**

FOR OFFICE USE ONLY
Date: _____
Qualify: _____
Contract Sent Date: _____
Prepayment Date: _____
Cancellation Date: _____

- **Filing an application does not guarantee an apartment.**
- **ALL information needs to be filled out completely in order to process this application.**

Applicant Name: Mr. Ms. _____ **SSN** ____-____-____ **Student ID#** ____
Last Name, First Name, Middle Initial

Email address: _____ **Date of Birth** ____/____/____ **Male** **Female**

Current Address: _____ **Telephone:** (____)____-____
Street, City, State, Zip

Permanent/Parent's Address: _____ **Telephone:** (____)____-____
Street, City, State, Zip

Husband **Wife:** _____ **SSN** ____-____-____ **Student ID#** ____
Last Name, First Name, MI

If engaged, please list date of marriage date: ____/____/____ **Current Lease expiration date:** ____/____/____

List all children who will be living with you: 1. _____ **Date of Birth** ____/____/____
2. _____ / /
3. _____ / /
4. _____ / /

Academic Classification for the next semester (check one): Freshman Sophomore Junior Senior Grad Other

Rank style preference:

- One Bedroom Two Bedroom College Courts
 Two Bedroom (window air) Townhouse Jennings Courts
 Upstairs Downstairs

Preferred semester to move in:

- Spring 2002 Spring 2003
 Summer 2002 Summer 2003
 Fall 2002 Fall 2003

In an attempt to provide a smoke free environment please indicate preference: Non-smoking Smoking
This does not guarantee the entire building will be smoke free or that the prior resident was not a smoker.

Applicant Signature * _____ **Date** _____

**I hereby agree that the only occupants will be those persons appearing on the application.*