

COLLEGIATE HOUSING APPLICATION

Applications received within 30 days of requested move-in dates may be placed on a waiting list until housing accommodations are available. Apply early for best placement!

Make checks payable to: Collegiate Housing Services, Inc. ■ Mail to: CHS Processing Center, 5175 E. 65th Street, Indianapolis, IN 46220

INFORMATION ABOUT YOU

INTERNATIONAL STUDENTS: APPLICATION AVAILABLE ONLINE OR BY CALLING 1-800-U-MOVE-IN

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone (day): _____ (evening): _____ (cell): _____
 Email: _____ S.S.N.: _____
 Male Female Birth date: (month) _____ (day) _____ (year) _____ Drivers Lic. #: _____
 Have you ever been convicted of a crime: Yes _____ NO _____ If yes, please give details _____

CHARACTER REFERENCES (Other than guarantor or emergency contact)

1. _____ Phone: _____ Email: _____
 2. _____ Phone: _____ Email: _____

CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____ Cell: _____

INFORMATION ABOUT YOUR GUARANTOR (Must be U.S. citizen/resident or higher deposit will apply.)

First Name: _____ Last Name: _____ Relationship to student: _____
 Birth date: (mo.) _____ (day) _____ (year) _____ S.S.N.: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone (day): _____ (evening): _____ (cell): _____
 Spouse First Name: _____ Last Name: _____
 Birth date: (mo.) _____ (day) _____ (year) _____ S.S.N.: _____ Email: _____
 Landlord/Mortgage Co. Name: _____ How long lived there? _____
 Guarantor Employer: _____ YEARLY INCOME: _____
 Employer Phone: _____ Date of Hire: (mo.) _____ (year) _____
 Spouse Employer: _____ YEARLY INCOME: _____
 Employer Phone: _____ Date of Hire: (mo.) _____ (year) _____

THE GUARANTOR IS REQUIRED TO SIGN THE LEASE AND WILL BE RESPONSIBLE FOR ANY OUTSTANDING CHARGES (INCLUDING RENT) IF THE STUDENT IS UNABLE TO PAY.

INFORMATION ABOUT YOUR SCHOOL AND HOUSING PREFERENCES

School you will be attending: _____ City: _____ Start Date: _____
 Major: _____ College Program Length (Months): _____ Lease Term Desired: _____
HOUSING PREFERENCE: (See enclosed rate sheet for pricing information) School Rep.: _____

Sample: XYZ Apartments/Block Choice 4 Student 2 Bedroom 2 Bath
 1st Choice: _____ Type: _____ Monthly Rate: _____
 2nd Choice: _____ Type: _____ Monthly Rate: _____
 3rd Choice: _____ Type: _____ Monthly Rate: _____
Do You Smoke?: Yes No **Do You Prefer To Live With A:** Smoker Non-Smoker No Preference
Music Preference: Hard Rock Rock Rap Country Alternative Contemporary Gospel Jazz
Transportation: Will you be bringing a car to school? Yes No **If yes....** are you willing to ride share with classmates Yes No
Are You: tidy messy in between **Roommates Preference:** same major different major no preference
Roommates Requested: (1.) _____ (2.) _____ (3.) _____
Additional Housing Comments or Requests: (medical, etc.): _____

We cannot guarantee that each and every request and preference can be matched to your satisfaction. We will do our best to accommodate you for a hassle free housing experience. We are an Equal Housing Provider.

APPLICATION FEE: Each student is responsible for submitting the application fee with his or her application. The application fee is non-refundable! **HOUSING DEPOSIT:** Please send your deposit with the application and the application fee. Payment of the housing deposit locks in the current rate for your originally scheduled move-in date. Additional deposits may be required in some cases; ask your CHS representative for details. **AUTHORIZATION** I authorize CHS and my school to share all pertinent information that may relate to my housing. Such information may include, but not be limited to; account balances and discipline records, financial aid approval and disbursement, attendance records, contact information, etc. I authorize CHS to process credit and criminal background checks, and verification of employment, for the disposition of this application and future services with CHS. ****WRITTEN NOTICE OF CANCELLATION MUST BE RECEIVED THIRTY (30) DAYS PRIOR TO ORIGINAL MOVE-IN DATE IN ORDER TO RECEIVE A DEPOSIT REFUND.****

Resident Signature: _____ Date: _____
 Guarantor Signature: _____ Date: _____
 CHS Representative: _____ Date: _____

