



GRADUATE AND FAMILY HOUSING APPLICATION

Date Received: _____

Office Use only

1. LESSEE PERSONAL INFORMATION	2. WIU ID. #	3. BIRTHDATE
NAME/ADDRESS: _____ LAST FIRST MI	_____	____ - ____ - ____ MO DAY YEAR
Please list the best way for us to contact you.		
_____ CURRENT STREET or P.O. BOX CITY STATE ZIP		
_____ CURRENT PHONE NUMBER ALTERNATE PHONE NUMBER EMAIL ADDRESS		

4. GENDER	5. I WANT ON THE WAIT LIST FOR: (mark all that apply)	6. EMERGENCY CONTACT INFORMATION
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SUMMER 20____ _____ Taking classes(Y/N)? <input type="checkbox"/> FALL 20____ <input type="checkbox"/> SPRING 20____	NAME: _____ LAST FIRST ADDRESS: _____ STREET/ P.O. BOX HOME PHONE _____ CITY STATE ZIP

7. HOMELAND/COUNTRY: _____

8. STATUS: (Mark all that apply)

Single
 Single Parent
 Married/Domestic Partner, Spouse or DP to live with me
 Married/Domestic Partner, spouse or DP will **not** to live with me

Graduate Student
 Undergraduate Nontraditional Student
 Faculty/Staff/Intern

Note:

- Married students must submit copy of marriage certificate before being put on the waiting list.
- Students to be married must submit letter of marital intent statement from official scheduled to perform ceremony, verifying date of impending marriage. Only one of the students is allowed to live at the apartment until the marriage is performed.
- Domestic Partners must qualify under Western Illinois University Domestic Partner Policy found on our website. The Domestic Partner Declaration form and supporting documentation must accompany this application.
- Children's birth certificate(s) must be submitted with application.
- All required documents and paperwork must be on file in the GFH Office before an individual is placed on the wait list.

9. SPOUSE, DOMESTIC PARTNER OR ROOMMATE INFORMATION	WIU ID # OR SOC SEC #	BIRTHDATE
NAME: _____ Spouse DP Roommate _____ LAST FIRST MI	_____	____ - ____ - ____ MO DAY YEAR
IS SPOUSE / D.P. / ROOMMATE (OF SAME GENDER) CURRENTLY A STUDENT AT WIU? <input type="checkbox"/> YES <input type="checkbox"/> NO (If a both occupants are students at WIU, both must complete an application, sign the least and the apartment rent will be split between both occupants)		

10. CHILDREN'S INFORMATION (IF ANY)

Number of Children: _____None _____One _____Two _____Pregnant - month baby is due. _____ (**Doctors Statement required**)

Children's birth certificates must be submitted with application

	SOC. SEC. NO.	BIRTH DATE	GENDER
A) _____ FIRST LAST	____-____-____	____-____-____ MO DAY YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
B) _____ FIRST LAST	____-____-____	____-____-____ MO DAY YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

**11. LIVING OPTIONS - 1 BR - 1 Child maximum (available in University Village or Lamoine Village bldgs. 1 and 2)
2 BR - (East Village & Lamoine 3) reserved for married/single parents with 2 children maximum**

A. LIVING OPTIONS PREFERRED (RANK 1 THRU 3): _____ LAMOINE (bldg. 1, 2 and 3) (bldg 3 has 2 bedrooms only)
_____ EAST (2 bedroom furnished only, families only) _____ UNIVERSITY (1 bedroom only)

B. NUMBER OF BEDROOMS PREFERRED (Rank 1 or 2) _____ 1 BEDROOM _____ 2 BEDROOM _____ EITHER (Y/N)

C. TYPE OF APARTMENT PREFERRED:(Rank 1 OR 2) _____ FURNISHED _____ UNFURNISHED** _____ EITHER (Y/N)
* ***unfurnished apartments have a refrigerator and stove**

- **Deposit Information:**
 - If a residence hall deposit is on file, that deposit will be transferred to GFH.
 - If a residence hall deposit is **not on file**, please include a **\$100.00** (U.S. currency only) housing deposit check payable to Western Illinois University. \$50.00 of your deposit is nonrefundable and will be applied toward administrative processing costs.

• **Please return this application and deposit to: Graduate and Family Housing
Western Illinois University
One University Circle
Macomb, IL 61455**

I attest that the information herein is true and correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

If you require or need any special accommodations please list those below.

12. Special Accommodations:

FOR OFFICE USE ONLY			
<u>DEPOSIT</u>	\$_____ Check # _____ / Cash / Credit Card type _____ Approval # _____	Deposit already on file _____	Has the student been accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Total amount received \$ _____ date: _____		Employee's initials _____