

Please print or type and return to the Business Office.

Name: _____
Last First Middle

Home Address: _____
Street City State County Zip

Contact Number: () _____ Age: _____ Gender: _____ Race: _____ Birth date: _____

Major: _____ Social Security Number: _____ Driver's License #: _____

Would you like to have a Roommate: Yes No Semester Applying For: _____

Roommate/Suitemate Request: _____ Hometown of roommate: _____

Which housing would you prefer? On-campus Off-campus No preference Do you plan to bring a vehicle? Yes No

	Describes Me	Important to me in a roommate
Non-smoker	<input type="checkbox"/>	<input type="checkbox"/>
Neat, Tidy	<input type="checkbox"/>	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>
Morning Person	<input type="checkbox"/>	<input type="checkbox"/>
Night Person	<input type="checkbox"/>	<input type="checkbox"/>

*I have paid my \$100.00 room deposit in the form of:

- _____ Cash (Do not mail cash with application)
- _____ Check
- _____ Credit Card
- _____ Money Order
- _____ Deposit accompanies application (Please do not mail cash)
- _____ Deposit on file from _____ semester

Disciplinary (information required):

Have you ever been convicted, pleaded guilty, pleaded no contest, or are you presently charged by indictment or information with a crime (a felony) which might be punishable by incarceration?

Yes No

All applicants are subject to a criminal background check. By signing this application you authorize SAU Tech to conduct a background check and affirm that all information you have provided is true and accurate to the best of your knowledge. Any misrepresentation of facts could be cause for refusal or eviction from housing.

Student's Signature

Date

Note: If you have a physical disability, the Housing Office must be notified 10 days before the Fall or Spring term begins.

SAU Tech housing is a drug-free, alcohol-free, & smoke-free environment.