Southern Arkansas University Tech

Application for Housing



Please print or type and return to the Housing Office.

Name:						
Home Address:	Last	First			Middle	
Mailing Address:	Street	City		State	Zip	
	Street	City		State	Zip	
		Home Numb	0.51			
Cell Number.	Home Number:					
Date of Birth:	Age:	_ Gender:	Race	(Optional): _		
Social Security Number	er:	Driver's License #:				
Major:	Semester	Term: □ FALL_	□ SF	□ SPRING □ SUMMER		
Do you plan to bring a	vehicle?					
SAU Tech Hou	ising Options:					
	_	Fall/Spring	Summer	Please list	your housing choice below:	
ROCKET COMPLEX (\$1,400	\$500			
ATHLETIC COMPLEX		\$1,400	\$500			
	MPLEX (Old) [On-Campus]	\$1,200	\$500			
	FION COMPLEX [Off-Campus]** Ing complex must be filled first**	\$1,400	N/A			
In addition to the Housing costs for the semester, there is a one-time refundable application/damage fee of \$100. ***On-Campus housing is the only option available for summer residents, unless overflow housing is needed. Prices are subject to change*** REQUEST FOR ROOMMATE:						
Roommate Request: Suitemate Request:						
Best Describes Me: □ Non-smoker □ Neat, Tidy □ Quiet □ Social □ Morning Person □ Night Person						
Important in a Roommate: ☐ Non-smoker ☐ Neat, Tidy ☐ Quiet ☐ Social ☐ Morning Person ☐ Night Person						
information with a crim All applicants are subjet a background check at	tion required): convicted, pleaded guilty, pleaded e (a felony) which might be puni- ect to a criminal background che- end affirm that all information you of facts could be cause for refus	shable by incarconck. By signing the have provided is	eration? his application s true and acc	Yes T	No Ze SAU Tech to conduct	
St	udent's Signature				Date	

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

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

Mail to: SAU Tech ATTN: Housing Office P.O. Box 3499 Camden, AR 71711-1599