

## Residence Life Application for Off-Campus Housing

APPLICANT'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT MAILING ADDRESS: \_\_\_\_\_  
STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS REQUIRED: \_\_\_\_\_ PRICE RANGE: \_\_\_\_\_

DATE HOUSING IS NEEDED: \_\_\_\_\_ PETS: \_\_\_\_\_

NAMES OF POTENTIAL ROOMMATES: \_\_\_\_\_

FAMILY STATUS:   • Single       • Single w/ Children       • Married       • Married w/ Children

STUDENT STATUS: Are you currently enrolled?   • Yes   • No

Please indicate below when you are planning to enroll:

FALL \_\_\_\_\_ YEAR       SPRING \_\_\_\_\_ YEAR       SUMMER \_\_\_\_\_ YEAR

CURRENT EMPLOYER: \_\_\_\_\_ Length of employment: \_\_\_\_\_

### PREVIOUS RENTAL REFERENCES

NAME	ADDRESS	PHONE	DATES

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Applicants are encouraged to keep in contact with the Office of Residence Life on a regular basis. Inactive applicants will be removed after six months.*

**Please mail this signed and completed application to:  
 OFFICE OF RESIDENCE LIFE--LEWIS-CLARK STATE COLLEGE--500 8<sup>TH</sup> AVENUE--LEWISTON, ID 83501**

For Office Use Only

Date Received: \_\_\_\_\_

For Office Use Only

Date/Time: _____	Date/Time: _____	Date/Time: _____
Notes: _____	Notes: _____	Notes: _____