



FAMILY HOUSING APPLICATION

For your information: the individual applying for Family Housing must be an admitted student to WOU prior to occupying apartment.

Name: _____ WOU ID#: _____
Last First MI

Mailing Address: _____
Street City State Zip

Telephone Phone #: _____ WOU email: _____

Telephone number where messages can be left (other than the number listed above): _____

Birthdate ___/___/___ Entering Status: FR___ SO ___ JR ___ SR ___ GRAD ___ FACULTY/STAFF _____

Names, relationship to you, and date of birth of **dependents** (i.e., spouse, domestic partner, child):

First Name	MI	Last Name	Relationship (ie. Spouse/domestic partner, child, etc):	Date of Birth:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- No more than four individuals per apartment.

Facility you wish to apply for: _____ Knox St. Family Housing Fourplex Unit
_____ Alder View Townhouse Unit

*Please prioritize based on which type of unit you prefer to live in on campus
Rates for all Family Housing units can be reviewed at <http://www.wou.edu/housing/costs/>*

Please indicate the date you plan to arrive to campus: _____
Month Year

Due to demand of Family Housing units, you should expect to be placed on a wait list for Family Housing. Although you have indicated your preferred date of occupancy, we may not be able to offer you a space at that time. Once a space is available, and you are next on the list, you will be offered the space. You will have 48 hours to respond to that offer. If you choose to accept that space you will be asked to submit a non-refundable \$40.00 application fee at that time. A \$500.00 deposit will be required prior to check-in. (Refundable if unit is left in pre-occupancy condition).

SIGN AND DATE PRIOR TO SUBMITTING THIS APPLICATION

I understand that if a space becomes available for me, I will be notified at the above email and/or phone number.

Signature

Date

Please return completed application to: **Office of University Housing, Western Oregon University
Monmouth, OR 97361**

OFFICE USE ONLY

Date Offered Space _____ App Fee Paid Date _____ Receipt # _____

Deposit Paid Date _____ Deposit Receipt # _____ THD Student Info _____ Term Info _____

Move In to Building/Unit _____ SPAIDEN _____