



# Office of Housing and Residence Life Housing Application

Assignments requested below are preferences ONLY. Actual assignments are based upon space availability and priority. The University cannot guarantee preferences and/or a housing assignment. To be considered for Sullivan University Student Housing, please complete this form and return it with a \$95.00 NON-REFUNDABLE Advanced Rent Deposit. PLEASE MAKE ALL CHECKS PAYABLE TO B-C RENTALS. (PLEASE PRINT)

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

DATE RECEIVED: _____
AMOUNT RECEIVED: _____
RECEIPT NO.: _____
RECEIPT MAILED: _____
RECEIPTED BY: _____
RELEASE OF INFO: _____
MAILED ASSIGN.: _____
NOTATIONS: _____
_____
<b>OFFICE USE ONLY</b>

Request for Housing beginning: \_\_\_\_\_ Summer (June) \_\_\_\_\_ Fall (Sept.) \_\_\_\_\_ Winter (Jan.) \_\_\_\_\_ Spring (Mar.) \_\_\_\_\_ Year

May the University send your mailing address and phone number to future roommate(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted of a crime, including but not limited to a felony or misdemeanor or are there currently any charges pending against you?

YES  NO  If yes, please explain \_\_\_\_\_

We reserve the right to deny, cancel or remove from housing, individuals who provide false information as part of the application process, individuals with a documented history of violent behavior, and/or individuals whose histories or behaviors demonstrate an inability to function within the community environment of University Housing. We further reserve the right to verify any information provided by applicants.

Do you have any chronic ailments or physical challenges that would require special accommodations? \_\_\_\_\_ NO \_\_\_\_\_ YES  
If yes, please attach a description. Written verification may be required from your physician in some circumstances.

Sullivan University makes all Housing assignments without regard to race, color, religion, or national origin and rejects all requests for changes of assignments based upon reasons of same. This document, when submitted to the Office of Housing with appropriate signature(s) and \$95.00 NON-REFUNDABLE Advanced Rent Deposit, is a request to B-C Rentals for housing accommodations. The Housing Lease Agreement is effective as of the date of student entrance to University Housing.

**"I have read the terms and conditions set forth in the Sample Housing Lease Agreement. I hereby accept the terms and conditions and agree to abide by the requirements contained in the University publications entitled Sullivan University Housing Manual and Sullivan University Student Handbook. I verify that the information furnished herein is accurate. Furthermore, I understand that this document is an application ONLY, and does not guarantee housing. Housing will only be "guaranteed" at such time that I am offered and sign a "Housing Lease Agreement."**

Signature (Student's) \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if applicant is under 18 years of age

SEND APPLICATION AND \$95.00 NON-REFUNDABLE APPLICATION FEE TO: SULLIVAN UNIVERSITY, OFFICE OF HOUSING, 2355 HARRODSBURG ROAD, LEXINGTON, KY 40504. PLEASE MAKE ALL CHECKS PAYABLE TO B-C RENTALS.

To pay with a credit card, please contact Amy Daugherty at (859) 514-7681.

## **Housing Preference Form:**

The information you provide on this form will be used by the Office of Housing and Residence Life in making roommate and housing assignments. We value the importance of placing students in the most positive environment possible. Please answer these questions honestly to better assist the staff in providing you with a compatible roommate. After assignments are completed, you will be sent housing information including your roommate's name(s) and phone number(s). Living arrangement preferences will be honored whenever possible, but cannot be guaranteed.

Name: \_\_\_\_\_

Status: \_\_\_\_\_ I will be a first-quarter student

Phone number (to be shared with your roommate): \_\_\_\_\_

\_\_\_\_\_ I will be a transfer student

Course of Study: \_\_\_\_\_

\_\_\_\_\_ I will be a re-entry student

### **ROOMMATE REQUEST :**

Name of Desired Roommate: \_\_\_\_\_ Roommate Phone Number: \_\_\_\_\_

Name of Desired Roommate: \_\_\_\_\_ Roommate Phone Number: \_\_\_\_\_

**\*\*Matches will not be considered unless both students select each other.**

Do you smoke?  Yes  No

Do you object to a roommate who smokes?  Yes  No

I prefer my room to be a:  Studious Environment  Social Environment  Place to lounge (TV, music)  Place to sleep

I prefer the temperature of my room to be:  Very Cold  Fairly Cold  Fairly Warm  Very Warm

I keep a room that is:  Spotless  Clean  Semi-Clean  Rarely Clean

I sleep:  Soundly  Fairly Soundly  Lightly

I anticipate typically going to bed at night:  Before 11:00pm  Between 11:00pm- 1:00am  After 1:00am

I anticipate typically waking up in the morning:  Before 7:00am  Between 7:00am- 9:00am  After 9:00am

I consider myself to be:  Outgoing  Outgoing, but slow to open up  Reserved

I enjoy these hobbies and activities: \_\_\_\_\_

I enjoy this genre of music: \_\_\_\_\_

Please include a short statement about yourself, what you expect of a roommate, and any additional information that might help us place you: \_\_\_\_\_

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