

Application For Residency

Address applying for _____

Name _____ DOB _____

DL# _____ State _____ SS# _____

Are you a student? _____ If so, what year? _____

Phone# _____ Cell# _____ Email _____

Greek Affiliation _____

Present Address _____

Landlord _____ Phone# _____

Move in Date _____ Move out Date _____ Rent _____

Names of expected roommates _____

Employer _____ Phone# _____

Monthly Income _____ Employed since _____

Other sources of income and amounts _____

By signing below I authorize that the above statements are true and complete, and authorize verification of information and references given as well as a credit check.

Applicants Signature _____ Date _____