

APARTMENT APPLICATION

Student name: _____
 Last/Family First/Given Middle MU student number (required)

Date of Birth: _____
 mm/dd/yyyy

Email address: _____ **Phone:** _____ **Fax:** _____

I am applying as: Family student* Single graduate student Student over 21

Mailing Address: _____
 Street Address Apt. #

 City State Zip

Spouse's name: _____
 (requires additional documentation) Last/Family First/Given Middle MU student number Birth date (mm/dd/yyyy) Marriage date (mm/dd/yyyy)

Names and birth dates of children in family: (requires additional documentation)

_____	_____	_____	_____	_____	_____
Last/Family	First/Given	Middle		(mm/dd/yyyy)	
_____	_____	_____	_____	_____	_____
Last/Family	First/Given	Middle		(mm/dd/yyyy)	
_____	_____	_____	_____	_____	_____
Last/Family	First/Given	Middle		(mm/dd/yyyy)	

I will be a: Graduate/Professional Senior Junior Sophomore Freshman

I prefer to be assigned to: Studio One-Bedroom Two-Bedroom
 Two-Bedroom Furnished (Tara only) First Available

I request accommodations due to:

A disability as defined by the Americans with Disabilities Act. I understand I must complete the Documentation for Housing Accommodations Needs form and return it to the MU Disability Center, S5 Memorial Union, Columbia, MO, 65211 (573-882-4696) immediately after submitting my application. I understand this request for special housing consideration cannot be addressed until that form is received by the MU Disability Center and Residential Life. This application of need gives permission for the MU Disability Center to share information regarding my need for housing accommodations with Residential Life.

I request special housing accommodations for reasons other than a medical disability as defined by the Americans with Disabilities Act (e.g. temporary medical conditions such as broken bones or recovery from surgery, cultural/religious beliefs, etc.). I understand I must provide information explaining the reasons for my request in writing. This request must be sent to Residential Life at housing@missouri.edu or mailed to Residential Life, 0780 Defoe-Graham Hall, 901 Hitt Street, Columbia, MO 65211, in order to be considered in my housing assignment.

Apartment contracts begin on the first business day in August of each calendar year.

I certify that the above information is correct and that I have read and understand the information contained within this application. I also understand that this application may be declined or my housing offer rescinded due to false statements made on this housing application.

Student signature: _____ **Date:** _____

EMAIL YOUR COMPLETED APPLICATION TO HOUSING@MISSOURI.EDU

*A "family student" is defined as student who 1) is married/has a domestic partner/is unmarried with children OR 2) is married/has a domestic partner without children.