OFF-CAMPUS HOUSING REQUEST FORM

(Please print)

Full Name: _____
First Middle Last

Male ☐ Female ☐ Date of Birth: ____/____/____ VIU Program of Study: _____

E-mail Address: _____

Foreign Address: _____

_____

Home Phone #: _____ Cell Phone #: _____

Projected Move-In Date: ____/____/____

How long are you planning to keep the housing requested? _____

Do you mind living in a co-ed (w/ male & female) apartment/housing? (Check one) ☐ Yes ☐ No

Which do you prefer? (Check one): ☐ A bedroom for yourself? ☐ Share a bedroom with another student?

Do you smoke? (Check one): ☐ Yes ☐ No

Need Airport Pick up? ☐ Yes ☐ No

If yes, please fill in the questions below:

Which airport: ☐ Dulles (IAD) ☐ Reagan (DCA) ☐ Baltimore (BWI)

Arrival Date: ___/____/____ Arrival time: _____ Number of bags: _____

Airline Company: _____ Flight number: _____

I understand that once housing is found for me, all forms and payments needed to reserve the place must be completed and submitted within seven business days. If the university has already made the reservation and paid the security deposit for me to lease a property, the security deposit will not be refunded to me. If I break my lease, my security deposit will not be refunded. All reservations are final and cannot be changed. Also, if I break the rules and regulations of the leasing property, or my guests break the rules and regulations, I agree to accept the consequences for these actions.

_____ _____
Printed Name Signature

_____
Date