

Stouffer Place Application

The University of Kansas • Department of Student Housing

FOR OFFICE USE ONLY: _____
Date Rec'd _____
Fee \$ _____
cc/ck # _____
RMS ID _____
ID _____
Ltr sent _____

This is an application for housing, not a housing contract. This application must be accompanied by a \$35 fee (please see payment instructions below), refundable only if your admission to KU is denied. Don't delay: Although your application will not be complete until you have been admitted to KU, you need not wait until your admission is final to send a housing application.

APPLICANT INFORMATION

_____/_____/_____
Preferred move in date: mo/day/yr KUID# (if known) _____
_____/_____/_____
Date of birth: mo/day/yr Gender _____

Last (or Family) name First Name Middle Name Other name(s) on record

Current Street Address City and State ZIP Code Area code & phone number

E-mail address (Offer will be sent by e-mail): _____

KU Classification (Please check all that apply):

- Undergraduate nontraditional or undergraduate with family (anticipated graduation date ____/____)
- Graduate student (anticipated graduation date ____/____)
- Visiting scholar (documentation of appointment is required)
- Postdoctoral fellow (documentation of appointment is required)

Have you ever entered a guilty plea or an Alford plea to a felony offense, been placed on probation for or entered into a diversion program for a felony offense, or been convicted of a felony? ___Yes ___No

Do you need assistance with a special medical need? If so, please establish a file with KU Disability Resources. A description of the accommodation you are requesting plus documentation of your need should be sent to KU Disability Resources, 22 Strong Hall, 1450 Jayhawk Blvd., Lawrence, Kansas 66045. Phone: (785)864-2620. Please identify the accommodation(s) you will be seeking:

By signing below I represent that the information I have provided is true and correct to the best of my knowledge and belief. I understand if it is determined that any of the information I have provided is false or materially inaccurate or misleading, the University may take whatever action it deems appropriate including, but not limited to, denying my application, removing me from university housing and referring the matter for further disciplinary action.

Applicant signature - unsigned applications will be returned

Date

APARTMENT PREFERENCES

<p>Step 1: Enter all occupant names and information below. Offers to students with families will only be made to applicants with all documentation of spouse and/or other occupants on file.</p> <ul style="list-style-type: none"> A legal document, in English, verifying marriage is required. A legal document, in English, verifying age of each dependent child is required. Documentation of dependent status may be required. 		<p>Step 2: Rank your housing option preferences 1, 2, 3, etc.</p>			
		1-bedroom 3-person maximum	2-bedroom 5-person maximum	2-bedroom renovated 5-person maximum	3-bedroom renovated 6-person maximum
Occupant 1	Date of Birth				
Occupant 2	Date of Birth				
Occupant 3	Date of Birth				
Occupant 4	Date of Birth				
Occupant 5	Date of Birth				
Occupant 6	Date of Birth				

- Priority for renovated apartments is given to current Stouffer Place residents
- If currently single, applicant will be married on ____/____/____.
- Walk-through 2-bedroom apartments may be offered, on a limited basis, to married students without children. Families with children will have priority for these apartments.

Stouffer Place level preference:
 _____ Ground level apartment
 _____ Upper floor apartment

MAILING APPLICATION AND FEE

To apply: Send application and \$35 application fee to the Department of Student Housing (address below).

Please do not send cash. Make your check or money order payable to the University of Kansas.

Your housing application fee is refundable *only* if your admission to KU is denied.

To pay by credit card, read the following authorization, fill in the information and sign.

I authorize the University of Kansas Department of Student Housing to bill my credit card in the amount of \$35.00. If the name on the credit card below is different from my name, I understand that it is my responsibility to obtain approval from the cardholder before authorizing a charge.

Card type: Visa Mastercard
 Discover American Express

_____ Name as it appears on card (please print)

_____ Account Number _____ Expiration Date _____ Cardholder's Signature

_____ Applicant's Signature _____ Date