



## Student Housing Application

**Please complete all sections of this form. Only completed applications will be accepted.**

Attention Students: In order for your application to be complete it must contain a \$25 non-refundable application fee. Bring completed application to the Office of the Vice President of Student Affairs. After you fill in the application, please print it and retain a copy for your records. Any changes made to the original application may not be saved on your computer, so please print it before saving.

### Application Information (all fields are required)

Have you already resided at the Bedford Park Residence?  Yes  No If yes, what floor/room did you reside in? \_\_\_\_\_

### Personal Information (all fields are required)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

if you do not have a cell phone please type 'None'

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_

a confirmation email will be emailed to this address; please type your email address carefully

if you do not have a SSN, because you are an international student, please type 'None'

Date of birth \_\_\_\_\_

Gender \_\_\_\_\_

MM DD YYYY

Major \_\_\_\_\_

Class status \_\_\_\_\_

includes Graduate Students

Campus involvement \_\_\_\_\_

if you are affiliated with a special program please enter it above, if not please type 'None'.

I am requesting a:  LARGE Single Room (\$ 9,427 yearly / \$ 801 monthly)  Single Room ( \$8,827 yearly / \$ 750 monthly)  
 Double Room (\$ 7,921 yearly / \$ 673 monthly)

### Emergency Information (all fields are required)

Please give information about the person to contact in case of emergency

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

Allergies \_\_\_\_\_

indicate all allergies (max 100 characters); if you have no allergies please type 'None'

#### Prescribed medications

indicate all prescribed medications; if you have no prescribed medications, please type 'None'

#### Medical information

indicate all medical conditions or special needs; if you have none, please type 'None'

### Statement of Understanding

I agree to abide by all College policies as outlined in the Lehman College Student Handbook, and further, I agree to abide by the rules pertaining to the residence hall. I understand that I will forfeit my housing agreement if I do not make payments according to schedule, attend mandatory meetings and programs, or respond to official postings and mailings.

**I have read and agree to the above statements**

Signature \_\_\_\_\_

Date \_\_\_\_\_