



OFF CAMPUS HOUSING APPLICATION

To be completed by students requesting to live off campus

PLEASE RETURN THIS FORM TO THE STUDENT AFFAIRS OFFICE AT THE ADDRESS LISTED ABOVE or FAX TO 937-772-9384

Name: _____ Gender: _____

Address _____ City _____ State _____ Zip _____

Student Cell Phone: _____ Date of Birth: ____/____/____

Student E-Mail Address: _____

Parent/Guardian Name: _____ Home Phone: _____

LIVING INFORMATION All students must live on campus, unless they meet one of the following criteria.

Please circle which criteria you are claiming.

- A. Be over 23 years of age by the start of the academic year
B. Have 90 credit hours or more completed by the start of the academic year
C. Are married or have a dependent child
D. Live with parents or guardians within a 30 mile driving radius of campus (determined by Google Maps)
E. Have a valid medical reason or accommodation on file with Disability Services and/or Health Services

I will reside with parents or guardians I will be renting or living at another address

If Living with Parents/Guardians:

Head of Household Certification: I verify that the student, _____, will live at the address listed above.

Signature of family head of household

Date

If Renting:

Living Address: _____ Address _____ City _____ State _____ Zip _____

Landlord Certification: I verify that the student, _____, will live at the address listed above.

Signature of Landlord

Date

MEAL PLAN OPTIONS Participation in a meal plan is encouraged, but optional for off-campus students. If you wish to purchase a meal plan, please indicate your choice below:

19 meals per week 15 meals per week Commuter Meal Plan (45 meals per semester)

All meal plans come with \$125 Flex Dollars per semester which can be used at the White Family Grill.

MISSING STUDENT NOTIFICATION INFORMATION In accordance with Urbana University's Missing Student Policy and the United States Federal Government, in the event of a missing student Urbana University is required to contact a person that you designate as your missing student contact. Please list that person's contact information below:

Name: _____

Relationship to you: _____

Telephone Number: _____

STUDENT ACCEPTANCE If it is determined that you do not meet one of the above criteria or falsely indicate where you are living, you may be responsible for on-campus living expenses, including room and board costs.

Student's Signature: _____

Date: _____

Parent's Signature (if student is under 18 years of age): _____