



**HAMPTON UNIVERSITY**  
**HAMPTON, VIRGINIA 23668**  
**RESIDENCE LIFE**  
**ON-CAMPUS HOUSING APPLICATION**

This application is being submitted for  August \_\_\_\_\_  January \_\_\_\_\_  Male  Female  
Year Year

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

HU Id# \_\_\_\_\_ Age \_\_\_\_\_ date of Birth \_\_\_\_\_ Major \_\_\_\_\_

Home Address \_\_\_\_\_  
# Street City/State Zip Code

E-mail address \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Hobbies/Special Interests \_\_\_\_\_

I list any scholarships accepted: \_\_\_\_\_

Describe any conditions that require special attention: \_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been a resident student at Hampton University?  Yes  No

If so, when? \_\_\_\_\_ Building Preference(s) 1st \_\_\_\_\_  
 2nd \_\_\_\_\_

Room type preference:  double  Single\*

do you have a choice of roommate?  Yes  No Name: \_\_\_\_\_

**Please think about your answers carefully and answer as accurately as possible.**

- \_\_\_\_\_ 1. While Residence Halls are smoke-free environments, due to allergies and strong personal preferences, please answer with care.
  - a. I am a smoker.
  - b. I am a non-smoker.
  - c. I am a non-smoker, but willing to live with a smoker.
- \_\_\_\_\_ 2. How would you characterize the sleeping habits you would prefer your roommate to have?
  - a. Prefer a "day person" (early to bed, early to rise).
  - b. Prefer a "night person" (late to bed, late to rise).
- \_\_\_\_\_ 3. Unlike your room at home, your residence hall room serves not only as a place to sleep, but as a living room and a place to entertain friends. How will your room look?
  - a. Everything in its place most of the time.
  - b. Things will pile up until I get into a cleaning mood.
- \_\_\_\_\_ 4. Study locations vary (i.e., library, room). Which reflects your study plans?
  - a. I plan to study several hours a day in my room.
  - b. I do not plan to study much in my room
- \_\_\_\_\_ 5. I prefer studying:
  - a. With soft music
  - b. With the television or stereo on at any volume.
  - c. In a quiet area
- \_\_\_\_\_ 6. Some people need more privacy than others. How do you feel?
  - a. I would prefer as much privacy as possible.
  - b. I would not mind visitors in my room at almost anytime.

**Check Current Status:**

Readmit  New Freshman  Transfer

**Return this application to the Office of Judicial Affairs and Housing using the self-mailer application on the reverse side of this form. Be sure to check to appropriate office on the envelope.**

**\*A limited number of singles are available and assigned on a first come-first served basis with respect to date of payment of advance deposit fees. There is an additional per semester fee for single accommodations.**

The above information is solicited in an effort to match student personalities as closely as possible. However, there may be circumstances where the availability of housing makes this impossible.

If disability related accommodations are being requested, please contact the office of the director of Compliance and Disability Services 757 727-5493, and or visit their website <http://www.hamptonu.edu/compliance/> for more information.

date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

----- **DO NOT WRITE BELOW THIS LINE** -----

Room Assignment \_\_\_\_\_ Room No. \_\_\_\_\_ Roommate \_\_\_\_\_





Fold

---

---

---

STAMP



**HAMPTON UNIVERSITY**  
**OFFICE OF JUDICIAL**  
**AFFAIRS AND HOUSING**  
Hampton, VA 23668



Fold

