



THE STANDARD OF EXCELLENCE

OFFICE OF

Off Campus Housing

McGrew Conference Center

24 Indian Road

Hampton University

Hampton, Virginia 23668

757.728.6746 Direct Line

757.727.5643 FAX

offcampushousing@hamptonu.edu

# OFF – CAMPUS HOUSING INTAKE FORM

Please fill out completely in **print**:

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F

Major: \_\_\_\_\_ School: \_\_\_\_\_

Classification: Freshman Sophomore JR. SR. Graduate Alumni Faculty Staff Other

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Price Range (ex. Monthly Budget): \_\_\_\_\_

Max. Travel Area (ex. 5 miles): \_\_\_\_\_ Handicap Accessible: Y N

Desired Accommodations (please circle all that apply):

Apartment Condo/Townhouse House Boarding House Single Room in Landlord's Home

With/Without Roommates # \_\_\_\_\_  Furnished  Unfurnished

Have you ever applied for Off Campus Housing with us before? Y N

Desired move in date: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**OFFICE USE ONLY**

MOVE IN DATE: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_

NOTIFICATION DATE: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_