

## **Housing Application**

Available to the University of Oklahoma Health Sciences Center students, faculty, staff and their families

Appplicant's Last Name	First Name	Middle Initial	Gender		
OUHSC Student ID Number (SA Number on ID Card)		OUHSC Staff ID Number (HR Number on ID Card)			
In the event your spouse will live wit Certificate of Marriage.	h you in University Village, please pro	ovide first and last name of spouse. University	Policy will require a copy of		
In the event other family members v	vill be living with you in University Vil	lage, please provide first and last names.			
Please select your Housing Preference	ce by placing number 1 in front of you	ur first choice. If you have a second choice, pla	ace a number 2:		
Studio Apartment Only of	one person permitted to live in Studic	o Apartment.			
Full Townhouse Reques	st means you prefer a townhouse for	yourself only or yourself and family.			
	est means you would like another OU ersity Policy dictates that roommates	IHSC student/staff/faculty member to apply as s must be of the same gender.	; your roommate.		
Name of requested roommate for of	her half of townhouse. Roommates	must also fill out Housing Application & pay He	ousing Application Fee.		
left up to the current resident of the		nmate, University Village has a Roommate List vely seeking a roommate to receive the half to harge the full townhouse rate.			
Would you like to be plac	ed on the University Village Roomma	ate List?Yes or No			
	, ,	versity will need to pass along contact informa elow, you authorize the University to pass alor			

I authorize the University to pass along my contact information to prospective roommates. Signature: \_

\*\*\*Please complete second page of Housing Application\*\*\*

## Special Accommodations:

I require accessible housing for mobility impairment or a visual/strobe alarm because I am deaf or hard of hearing.

Please note, if you require accommodation for your housing assignment, please contact the Disability Resource Center (DRC) to arrange a confidential discussion regarding your need following your admisson to the OU Health Sciences Center. The DRC can be reached at: (405) 325-3852 or drc@ou.edu.

Applicant's Current Address	City	State	Zip	Country
Cell Phone Number	_	Al	ternative Phone Nu	imber
E-mail Address		Al	ternative E-mail Ac	dress
To properly process you application, please pro	vide the following infor	mation if applicable:		
Student's Program and College at OUHSC (ex: 1	MD Program, College of	Medicine or Nutritio	nal Sciences, Colle	ge of Allied Health, etc.)
Internship, Residency Program, Exchange Progr	am, Research Program,	etc. that you are att	ending at OUHSC(	f applicable)
Faculty or Staff Position at OUHSC				
Start Date for program, orientation or classes	-			
University Village is a popular place to reside. A does not guarentee that an apartment will be for request in writing, to extend your application to Please also note you will not be allowed to sign	ound for you in the time additional academic y	e frame you need to ears. You may also a	move in. If you do pply to live in Unive	not find an apartment in time, you may ersity Village before you are admitted.
When would you prefer to move in?	If no	o space is immediate	y available, when is	the latest you can wait to move in?
I understand that I must be admitted before mo and an apartment may not be available at the t assignment has to be accepted. If the apartmen place on the Waiting List. I understand my place Application Fee of \$40.00.	ime I have requested. I nt is not accepted by th	f an apartment is off e deadline provided,	ered, there will be a my application will	a time limit placed on when this be cancelled and I will forgo my
Signature of Applicant		_	Date	
Please send this Housing Application and your \$	40.00 Housing Applicat	tion Fee to:		
University Village Office 900 North Stonewall Ave Oklahoma City, OK 73117				
**All checks and Money Orders should be made	e out to the 'University	of Oklahoma'.		

For Office Use: