

Housing Application

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

Appplicant's Last Name	First Name	Middle Initial
	Feminine Transgender Male / Transgender M Preferred Identity (In addition to or not listed; ple	Nan · Transgender Female / Transgender Woman ease specify above) · Prefer Not to State
OUHSC Student ID Number (SA Number on I	D Card) OUH	ISC Staff ID Number (HR Number on ID Card)
Please note any non-OUHSC affliated people	you would like to place on the lease documenta	tion. First and last names of permanent guests should go here.
In the event family-related minors will be liv	ng with you in University Village, please provide f	first names, last names, birthdate, and relationship to you.
Please select your Housing Preference by pla	acing number 1 in front of your first choice. If you	have a second choice, place number 2:
Studio Apartment Only one per	son permitted to live in Studio Apartment.	
Full Townhouse Entire townhou	use for yourself only, or yourself and family.	
Half a Townhouse Townhouse s	hared between yourself and another OUHSC stud	lent/staff/faculty member to apply as your roommate.
Name of requested roommate for other half	of townhouse. Roommates must also fill out Ho	using Application & pay Housing Application Fee.
up to the current resident of the townhouse		illage has a Roommate List to assist. Roommate selection is to receive the half townhouse rate. If the resident is no nouse rate.
Would you like to be placed on the	ne University Village Roommate List?	Yes or No
		iss along contact information (name, e-mail and phone number) sity to pass along this information to prospective roommates:

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

Special Accommodations:

Please note, if you require accommodation for your housing assignment, please contact the Student Accommodation Services (SAS) to arrange a confidential discussion regarding your need following your admission to the OU Health Sciences.

The SAS can be reached at: (405) 271-4045 or e-mail: payton-patterson@ouhsc.edu.

Applicant's Current Address:

Street Address				
Street Address	City	State	Zip	Country
Cell Phone Number		Al	ternative Phone Num	ber
OUHSC E-mail Address		AI	ternative E-mail Addro	255
To properly process you application, please pr	ovide the following inform	ation if applicable:		
Student's Program and College at OUHSC (ex:	MD Program, College of N	1edicine or Nutritio	nal Sciences, College	of Allied Health, etc.)
Internship, Residency Program, Exchange Prog	gram, Research Program, e	tc. that you are atte	ending at OUHSC (if a	pplicable)
Faculty or Staff Position at OUHSC				
University Village is a popular place to reside. apartment will be found for you in the time fra your application an additional academic year.				
When would you prefer to move in?	If no s	pace is immediatel	y available, when is th	e latest you can wait to move in?
I understand that I must be admitted to OUHS guaranteed an assignment and an apartment limit placed on when this assignment has to b canceled and I will forgo my place on the Wai Office receives my Housing Application Fee of	may not be available at the e accepted. If the apartme ting List. I understand my	e time I have reques ent is not accepted	sted. If an apartment by the deadline provid	is offered, there will be a time led, my application will be
Signature of Applicant		_	Date	
Please send this Housing Application and your	\$40.00 Housing Applicatio	on Fee to:		
University Village Office 900 North Stonewall Av Oklahoma City, OK 731:	enue			
**All checks and Money Orders should be ma	de out to the 'University of	Oklahoma'.		
For Office Use:				