

UNION COLLEGE OFF CAMPUS HOUSING APPLICATION

(Please Print)

HOUSING POLICY - If under twenty-two years of age, you will be expected to live on campus until approval to move off campus is granted.
Rental/lease agreements should not be finalized prior to Deans' Council approval.

***PLEASE NOTE* THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR,
IF NOT COMPLETED OFF CAMPUS HOUSING MAY BE RESCINDED***

Return to: Union College, Student Services Office, 3800 S 48th Street, Lincoln NE 68506

All information must be completed for processing:

Date _____ User ID _____ Semester housing requested: ___ Fall ___ Spring ___ Summer 20___

Name _____ E-Mail _____
 Last First Middle

Age ___ Birthdate - Mo ___ Day ___ Yr ___ Years at UC ___ GPA ___ Year: ___ FR ___ SO ___ JR ___ SR ___ OTHER

Dorm or Current Address _____
 Dormitory or Street City State/ Zip code

Dorm or Home telephone Number _____ Work telephone number _____

___ Requesting to live with a family ___ Requesting to live alone and/or friend/s (landlord information on back of page)

Name of family _____ Relationship to student (if any) _____
 Last First Middle

Address _____
 Street City State & Zip code

Telephone Number _____ Work Telephone Number _____ Cell # _____

I am willing to have _____ (student name) live with our family, free of charge, with the possibility of some household duties being required in exchange for free room and board.

 Signature of family head of household Date _____

Please list all other family members living at requested address:

Name	Age	M / F	UC Student
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N

For students requesting to live with a family, this section must be filled out, and signed by the family head of household:

For Office Use Only

CUM GPA _____ # Credit Hrs _____ Worship Credits Met _____	Spring _____ Fall _____ Spring _____	Required _____	Attended _____
--	--	--------------------------	--------------------------

Approved _____ Denied _____ Letter Sent _____ Copy in file _____ FCC _____ Excel _____

Return to: Union College, Student Services Office, 3800 S. 48th Street, Lincoln, NE 68506 **Fax:** 402-486-2570

UNION COLLEGE LANDLORD & FINANCIAL INFORMATION

(Please Print)

Student Name		Date	
	Last First Middle		User ID #

This section is to be filled out and signed by your financial advisor. All information must be completed for processing.

FINANCIAL INFORMATION			
(To be filled out by the Student Financial Advisor)			
	<u>On Campus Expenses</u>	<u>Off Campus Expenses</u>	<u>Income</u>
Tuition/Books	_____	_____	Scholarship/Grants _____
Rent	_____	_____	Employment/wk _____
Food	_____	_____	Family Funds _____
Utilities	_____	_____	Personal Funds _____
Medical	_____	_____	Loans _____
Transportation	_____	_____	Other _____
TOTAL	_____	_____	
_____			Date _____
Financial Advisor Signature			

**For students requesting to live off campus alone, (or with friend/s)
this section is to be filled out by your potential landlord. All information must be completed for processing.**

A Union College student has applied to live off campus, renting from you. Please fill in the following information, describing the housing this student proposes to rent.

LANDLORD INFORMATION			
(To be completed by Landlord)			
Name		E-Mail	
	Last First Middle		
Current Address	_____		
	Street	City	State/ Zip code
Home telephone Number	_____	Work telephone number	_____ Cell # _____
RENTAL/LEASE INFORMATION			
Rental Address	_____		
	Street	City	State/ Zip code
_____ Lease	_____ Rent	From _____ To _____	Monthly Rent \$ _____
	Date	Date	
LANDLORD AGREEMENT			
I agree that the above rental information is correct. _____ Yes _____ No			
_____		_____	
Landlord Signature		Date	
Please list all other UC students living at this address:			
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____