



# DEPARTMENT OF CAMPUS LIVING SERVICES

## university apartments faculty/staff application

Office Use Only

RMS ID	_____
File No.	_____
PID #	_____
Fac #	_____

Please Print

\*Please complete all required fields

### APPLICANT ADDRESS

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\*Permanent Address (# and Street) \_\_\_\_\_ \*Email \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Country (if not USA) \_\_\_\_\_

### POSITION INFORMATION

\*MSU Position: \_\_\_\_\_ \*Department: \_\_\_\_\_

\*Department Contact Name: \_\_\_\_\_ \*Department Contact Email: \_\_\_\_\_

☐ FEMALE ☐ MALE \*Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month date year \*Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Requested Move-in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month date year month date year

### APARTMENT PREFERENCES (These preferences are not guaranteed.)

\*Please select one:

- ☐ One-bedroom  
☐ Two-bedroom

☐ Standard Furnished

- ☐ Carpeted  
☐ Uncarpeted

\*Smoking Preference: ☐ YES ☐ NO ☐ NO PREF

Will you have a roommate? ☐ YES ☐ NO

Please select one:

- ☐ 1st Floor  
☐ 2nd Floor

☐ Standard Unfurnished

- ☐ Carpeted  
☐ Uncarpeted

Roommate Name: \_\_\_\_\_  
(MSU Student or Eligible Staff)

☐ Renovated Partially Furnished

Roommate Phone: \_\_\_\_\_

### APARTMENT OCCUPANTS (In addition to leaseholder)

\*Name of Spouse: \_\_\_\_\_  
Last First

\*Names and birthdates of children living with you:

Name: \_\_\_\_\_ Birthdate of Child: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First month date year

Name: \_\_\_\_\_ Birthdate of Child: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First month date year

Name: \_\_\_\_\_ Birthdate of Child: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First month date year

\*Other Occupant: \_\_\_\_\_  
Last First



## APARTMENT INFORMATION

Each applicant must complete this application and pay the \$40 **non-refundable** application fee. **No pets are permitted** in University Apartments except for fish (excluding carnivorous or poisonous varieties). We cannot guarantee assignments, move-in dates or locations.

To pay by credit card, please select the following link and follow the directions to submit your non-refundable \$40 application fee.

[https://commerce.cashnet.com/msu\\_3460\\_cls\\_univapts](https://commerce.cashnet.com/msu_3460_cls_univapts)

**University Apartments Leasing Office  
Michigan State University  
1460 Middlevale Rd., Suite 180  
East Lansing, MI 48823**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month date year

PHONE | 800-678-4679 | 517-355-9550 • FAX | 517-432-2093

EMAIL | [UAinfo@rhs.msu.edu](mailto:UAinfo@rhs.msu.edu) • WEBSITE | [www.liveon.msu.edu](http://www.liveon.msu.edu)

To pay by check or money order, in U.S. FUNDS, payable to Michigan State University, return application and fee to:

Save this file and email it as an attachment to:  
[UAinfo@rhs.msu.edu](mailto:UAinfo@rhs.msu.edu)

Adobe Acrobat version 8.0 required to save and email.

## OFFICE USE ONLY

### Apartment Leasing Checklist

*Initial and Date*

<input type="text"/>	Check appointment letter, offer letter, J-1
<input type="text"/>	Check for PID or assign "99" number
<input type="text"/>	Process \$40 application fee, receipt # entered on application and in RMS
<input type="text"/>	Process application in RMS, RMS ID entered on application
<input type="text"/>	First month's rent received and processed: Cash <input type="checkbox"/> Check <input type="checkbox"/> Cash Net <input type="checkbox"/> Other: _____
<input type="text"/>	Lease completed with signatures and initials
<input type="text"/>	Complete Payroll Deduction Form (if necessary)
<input type="text"/>	Grade in RMS changed to (1)