

The University of Texas – Houston Health Science Center
UNIVERSITY HOUSING
Phase I

APPLICATION FOR RENTAL

Date: _____

NAME _____ **DATE OF BIRTH** _____

CURRENT ADDRESS: _____

Are you transferring from UT Housing? No ___ Yes ___ If Yes, What is your current Apt. #: _____

GENDER: Male Female **E-mail address:** _____

UT-HOUSTON: Medical ___ Dental ___ Public Health ___ Nursing ___ GSBS ___ SHIS ___

M.D. ANDERSON ___ BAYLOR ___ IBT ___ OTHER _____

POSITION: Student ___ Staff ___ Faculty ___ Resident ___ Fellow ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List information about your spouse, boyfriend/girlfriend, or any other **adult** family member occupying the apartment:

NAME _____ **DATE OF BIRTH** _____

GENDER: Male Female **RELATIONSHIP:** _____ **E-mail address:** _____

UT-HOUSTON: Medical ___ Dental ___ Public Health ___ Nursing ___ GSBS ___ SHIS ___

M.D. ANDERSON ___ BAYLOR ___ IBT ___ OTHER _____

POSITION: Student ___ Staff ___ Faculty ___ Resident ___ Fellow ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List all individuals **under the age of 18 (eighteen)** occupying the apartment:

Name _____ Age _____ Name _____ Age _____

List all vehicles to be parked on the premises by the applicant. (**Boats, trailers, or recreational vehicles are not permitted**):

Make _____ Color _____ License Plate # _____ State _____

Make _____ Color _____ License Plate # _____ State _____

Your driver's license # _____ State _____ Spouse's # _____ State _____

In case of emergency notify _____ Phone # _____

UNIVERSITY OF TEXAS STUDENTS ONLY – UNDER THE HIGHER EDUCATION OPPORTUNITY ACT OF 2008, YOU ARE ENTITLED TO IDENTIFY A "CONFIDENTIAL CONTACT PERSON" WHO IS TO BE CONTACTED NOT LATER THAN 24 HOURS FOLLOWING A DETERMINATION THAT YOU ARE MISSING. IF YOU WISH TO DESIGNATE A CONFIDENTIAL CONTACT PERSON OTHER THAN THE PARTY IDENTIFIED ABOVE, PLEASE DO SO BELOW. IF NO ADDITIONAL PERSON IS IDENTIFIED BELOW, THE EMERGENCY CONTACT NOTED ABOVE WILL BE CONTACTED IN THE EVENT OF A DETERMINATION THAT YOU ARE MISSING.

CONFIDENTIAL CONTACT PERSON _____ Phone # _____ E-mail _____

Type of housing desired: ___ Small one bedroom ___ Large one bedroom ___ Two bedroom ___ Three bedroom

Type of lease term: ___ 6 months ___ 12 months **Desired Month of Move-in:** _____

Next section for University Housing office use only

Apartment number assigned: _____ Rental rate \$ _____ Move-in date _____

Amount of deposit _____ Date deposit received _____ Lease starts _____

This application is made with the understanding that it is subject to acceptance by University Housing. In the event the above applicant fails to enter into the contemplated lease, University Housing shall retain the deposit in order to cover the cost of taking and processing this application. **The Waiting list fee is NONREFUNDABLE.** Leasing office hours are Mon-Fri., 8:30 a.m. to 5:30 p.m.

University Housing Representative

Signature of Applicant

Date

Signature of Applicant