

| Guest Card #: | Check # | Amount | Apartment/Room #: | Approved |
|---------------|---------|--------|-------------------|----------|
|---------------|---------|--------|-------------------|----------|



100 Union Drive Albany, New York 12208 ■ Telephone 518.694.9000 ■ Fax 518.694.9001

APARTMENT APPLICATION 2006-2007

Applicants must be in good academic and judicial standing with one of the UHCS participating colleges, with all accounts paid and no outstanding balances. Proof of this will be required upon the start of your term. Please submit a initial security deposit in the amount of \$200 with this application. Make check or money order payable in US Currency to Renaissance Corporation of Albany* ("RCA"). Please refer to the Student Housing License and Occupancy Agreement for details on deposit refunds. Please complete the following:

1. First Name _____ MI _____ Last Name _____

2. Current Address _____ City _____ State _____ Zip _____

3. Telephone # _____ E-mail Address _____

4. Cell # _____ Date of Birth _____ SSN _____

5. Emergency Contact #1 _____
 Name _____ Daytime Phone _____ Evening Phone _____

6. Emergency Contact #2 _____
 Name _____ Daytime Phone _____ Evening Phone _____

7. I will be attending (college) _____ Year of study _____
Sage of Albany students must be in at least their 2nd year. Albany College of Pharmacy Students must be in at least 3rd year.

8. Term: Begins _____ Ends _____ Preferred Move in Date _____

9. I am applying for 9-Month Academic Year 12-Month Annual Term (Fall to Fall)
 Summer Term Summer+ Academic Year
 Fall Term Only 6 Week Rotation:
 Apartment Request 4 bedroom/2 bathroom 2 bedroom/1 bathroom **add to wait list**

10. Male Female Smoker Referred by/source _____

11. Requesting Disabled/Medical Accessibility Yes No

12. Requested Apartment Roommates (optional):

Name: _____ Name: _____

Name: _____ **Listed roommates must request and agree to assignment.**

Students residing at University Heights College Suites are expected to conduct themselves in a manner appropriate to an academic community living environment. I warrant that all statements above set forth, to the best of my knowledge are true and correct. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction.

I also understand that this form is only an application for residency that the submission of this application does not reserve, nor in any way, guarantee a unit.

Signature _____

Date _____