

Guest Card #:	Check #	Amount	Apartment/Room #:	Approved
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100 Union Drive, Albany, New York 12208 ■ Telephone 518.694.9000 ■ Fax 518.694.9001

APARTMENT APPLICATION 2007-2008

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 Application Fee in the amount of \$200 with this application. Make check or money order payable in U.S. Currency to Renaissance Corporation of Albany* ("RCA"). Please refer to the Application Fee Policy for details on Application Fee 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 their 3rd year.
8. Term: Begins _____ Ends _____ Preferred Move in Date _____
9. Check all that apply:

<input type="checkbox"/> 9-Month Academic Year	<input type="checkbox"/> Spring Term Only
<input type="checkbox"/> Summer Term	<input type="checkbox"/> Rotation: Schedule _____
Apartment Request <input type="checkbox"/> 4 bedroom/2 bathroom wait list only	<input type="checkbox"/> 2 bedroom/1 bathroom wait list only
10. Male Female Smoker Referred by/source _____
11. Requesting Disabled/Medical Accessibility Yes No
12. Parking space needed Yes No Preference Lot (\$270 Academic/\$90 Summer)
 Garage (\$495 Academic/\$165 Summer)
13. 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 an apartment or bedroom.

Signature _____ Print Name _____ Date _____

I have received, reviewed, understand and agree to the Application Fee Policy on back. _____ (initials)



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Application Fee Policy

1. A \$200.00 Application Fee is required in advance to become eligible for placement at UH College Suites. Should you be placed on the waiting list, your acceptance for placement will be determined by the date that your \$200 Application Fee was received. Your check or money order should be made payable in U.S. dollars to RCA*. Cash will not be accepted.
2. Your \$200.00 Application Fee assures resident compliance with the terms and conditions outlined in the UH College Suites Student License and the Rules and Regulations Agreements. Each resident will receive a copy of both before moving in and will be required to sign an acknowledgement of receipt before being given the keys to their room.
3. In the event you should find alternative living arrangements, you must **immediately** notify UH College Suites management in writing.
4. If you have received confirmation or notification that a room has been reserved for you at UH College Suites and you then decide to withdraw your application, your \$200.00 Application Fee will be forfeited.

This does not apply if the reason for your application withdraw is due to a change or withdrawal from college **30 days or more prior** to the beginning of your scheduled move-in date. If this should be the case, you must **immediately** provide a letter indicating your intentions and why you are withdrawing your application for residency at UH College Suites. You must also include a letter from the college stating that you will no longer be attending. Once we receive this information, your \$200.00 Application Fee will be returned to you within 90 days.

I fully understand the terms and conditions of the Application Fee policy.

Applicant Name

Signature

Date

*Renaissance Corporation of Albany ("RCA") is a non-profit organization doing business as University Heights College Suites.

11-2006