



# Housing Application 2016-2017

## Post University Residence Life

Please send to ResLife@post.edu

### Application Information (Please Print Clearly!)

Name (Last, First, Middle)		Date of Birth (mm/dd/yyyy)	Gender
Permanent Address (Name, Street, Apartment Number)			City, State, Zip
Country	Home Phone	Cell Phone	
Email Address			

### Contact Information (Parent/Guardian)

Parent/Guardian Address (number, street, apartment number):		City, State, Zip:
Country:	Home Phone:	Cell Phone:

### Housing Information

<b>Living Preference (s):</b> Include Building & Room #:	1)	2)
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**ROOMMATE REQUEST(S):** Roommate requests must be mutual and are NOT guaranteed. Roommate requests are subject to space availability at the time of the request and may not be honored. Roommates must equally submit applications and pay the housing deposit at the same time. Please include your request's full name.

1)	2)	3)
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**MEDICAL/SPECIAL NEEDS:** Please specify any disability that may require special equipment/accommodations (Mobility, wheelchair, vision, hearing, etc.)

**Consolidation Policy:** I understand that the Office of Residence Life reserves the right to consolidate single rooms to make maximum use of available space. Consolidation may occur whenever a double room is occupied by only one student.

Student Initials: \_\_\_\_\_

**PROOF OF PAYMENT (For Office Use):** YES NO

**TERMS OF APPLICATION:** This is my application to reside in a Post University Residence Hall. I agree to pay the \$150 non-refundable/non-transferable housing deposit. Proof of payment from the Student Accounts Office must accompany this application.

<b>APPLICANT SIGNATURE:</b>	<b>DATE:</b>
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### For Office Use Only:

Hall:	Room Number:		
Roommates:			
Date Complete:	Res. Life Staff Signature:		
SA Staff Signature:	Date:	Amount:	Receipt #:
Notes:			SA Initial:



# Residence Life

## Proxy Form

*This form authorizes another person, known as proxy, to sign you up for student housing in your absence due to class or work. Your signature indicates that you will abide by the request or changes made on your behalf. Furthermore, your signature indicates that you will be bound to the contracts submitted on your behalf. Please contact Residence Life at (203) 591-5581 or email [Jbrennan@post.edu](mailto:Jbrennan@post.edu) with questions.*

Student Name:			
Cell Phone:		Email Address:	

Proxy Name:			
Cell Phone:		Email Address:	

Reason for Proxy Request:        Class  
       Work  
       Other \_\_\_\_\_

### **Housing Assignment:**

- I understand that if my proxy fails to confirm a housing assignment for me, I will forgo housing at that time and am held responsible for selecting a housing assignment at a later date.
- I understand that if my representative selects a housing assignment for me, I will be under contract for the entire academic year and will be held financially responsible for all housing fees.
- I give permission to the person indicated as my proxy to represent my interests in the housing assignment process. I have informed my proxy of my wishes and preferences.
- All students selecting a room must submit a \$150 non-refundable/non-transferable housing deposit to the Student Accounts office or the Office of Residence Life prior to selecting a housing assignment. You will not be allowed to select an assignment without proof of deposit; **keep your receipt.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_