



# Housing Application 2022-2023

## Post University Residence Life

*Submit application to [Housing@post.edu](mailto:Housing@post.edu)*

### Application Information (Please Fill Completely and Print Clearly)

Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Age	Gender Identity	Athletic Sport	Honors Program (Y/N/Applied)
Permanent Address (Name, Street, Apartment Number)			City, State, Zip		Will you have a car on campus?
Country	Cell Phone		Student ID Number		
Student Email Address			Personal Email Address		

### Contact Information (Parent/Guardian)

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

#### Building Preferences:

#### Housing Information

<b>Apartment Style Housing:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Brown Building (Downtown)</li> <li><input type="checkbox"/> Okinaga Hall (Lower campus)</li> </ul> <b>Traditional Style Housing:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> East Hall (Lower campus)</li> <li><input type="checkbox"/> Middle Hall (Lower campus)</li> <li><input type="checkbox"/> West Hall (Lower campus)</li> <li><input type="checkbox"/> South Hall (Lower campus)</li> <li><input type="checkbox"/> Paparazzo Hall (Lower campus)</li> </ul>	1) 1st Building Choice	2) 2nd Building Choice	3) 3rd Building Choice
<b>ROOMMATE REQUEST(S):</b> 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. Please include your request's full name. If you do not have a specific roommate request please put N/A.			
	1)	2)	3)

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

### Additional Information

<b>Grade Level at Post in Upcoming Semester:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> MBA/Grad Student	<b>I am a:</b> <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	<b>My roommate should be:</b> <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Impartial	<b>I usually go to sleep:</b> <input type="checkbox"/> Early (9-10pm) <input type="checkbox"/> Middle (10-1am) <input type="checkbox"/> Late (1am- or later)	<b>What kind of music and movies do you like:</b>
	<b>I usually get up:</b> <input type="checkbox"/> Early (6-7am) <input type="checkbox"/> Middle (7-10am) <input type="checkbox"/> Late (10am or later)	<b>I like a room that is:</b> <input type="checkbox"/> Neat <input type="checkbox"/> Lived-In <input type="checkbox"/> Cluttered	<b>I prefer:</b> <input type="checkbox"/> Very Quiet <input type="checkbox"/> Quiet <input type="checkbox"/> Moderate	<b>List any extracurricular activities you enjoy:</b>
<b>Describe Yourself:</b>	<b>I prefer to study:</b> <input type="checkbox"/> At the Library <input type="checkbox"/> In my room <input type="checkbox"/> Other	<b>I prefer to study in the:</b> <input type="checkbox"/> Early Morning <input type="checkbox"/> Afternoon (between class) <input type="checkbox"/> Early Evening <input type="checkbox"/> Late Evening	<b>I am a:</b> <input type="checkbox"/> First Year <input type="checkbox"/> Transfer <input type="checkbox"/> Prior Student Not in Housing	<b>Describe Your Ideal Roommate:</b>

**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: \_\_\_\_\_

**TERMS OF APPLICATION:** This is my application to reside in a Post University Residence Hall. I understand that it is my responsibility to be cleared with Registrar and Financial Aid before submitting my Housing Application.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_