

Reservation & Application-Shared Housing Program

Please Return This Application With Your Deposit and Application Fee At Least Four Weeks Prior To School Start Date.

Name _____ Home Phone (_____) _____ Cell Phone(_____) _____

Class Start Date _____ Move In Date _____ (No Early Move-ins without prior RNR approval)

Name of School _____ City _____ State _____

Social Security Number _____ Age _____ Birth Date ____/____/____ Sex _____

Present Address _____ City, State, Zip: _____

E-Mail Address _____

Employer: _____ How Long _____ Salary _____ Employer Phone (_____) _____

Previous Address _____

Credit References:

#1 _____ Account Number _____ Since _____

#2 _____ Account Number _____ Since _____

NEAREST RELATIVE IN CASE OF AN EMERGENCY:

Name: _____ Address _____ Phone (_____) _____

How long will you stay in the Dorm-Style Housing Program _____ How will you pay? FA _____ Cash _____

Describe your hobbies and interests to match with roommates. _____

Describe Any Travel Abroad _____

Have you ever lived with roommates before? _____ Have you ever lived in your own apartment? _____

Describe your personality: Outgoing _____ Independent _____ Shy _____ Quiet _____ Energetic _____ Sociable _____

Optimistic _____ Cheerful _____ Tidy _____ Serious _____ Talkative _____ Modest _____ Adventurous _____

Are you a smoker? Yes _____ No _____ Sometimes _____ Do you use alcohol? Yes _____ No _____ Sometimes _____

Will you have a car while here? Yes _____ No _____ Will You have a bicycle to use? Yes _____ No _____

Will you ride the bus while you are here? Yes _____ No _____ Will you be willing to join a carpool? Yes _____ No _____

Will you have a student Visa while here? Yes _____ No _____ Will you work part-time while here? Yes _____ No _____

Do you have a disability that affects where you could live? Explain _____

Type of Music I enjoy _____

Have you ever been convicted of a felony? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

Type of Apartment Accommodations-Select Below

Two (2) Term Minimum for all incoming Students

_____ Shared Bedroom in a 2 Bedroom apartment

\$670 per month or \$2680 per semester

_____ Private Bedroom in a 2 Bedroom apartment

\$1170 per month or \$4680 per semester

AUTHORIZATION OF CREDIT/BACKGROUND VERIFICATION

I represent that all statements provided on my rental application and housing packet are true and complete. I hereby authorize verification of the information I have provided; references, credit records, and criminal record search by RnR Real Estate Marketing, L.L.C. or their agents. I understand that any incomplete or untrue information may be grounds for the immediate termination of my lease. I acknowledge that a comprehensive evaluation of this agreement may not be complete prior to move-in; however RnR Real Estate Marketing, L.L.C. and its agents reserve the right to verify information after move-in and may terminate rental agreement if applicant provides false or misleading or incomplete information.

STUDENT'S SIGNATURE: _____ DATE: ____/____/____

**CO-SIGNOR GUARANTEE OF RENT
(MUST BE NOTARIZED BEFORE IT IS RETURNED TO THE HOUSING OFFICE)**

RnR Real Estate Marketing LLC, in consideration for leasing an apartment to the above named student at the rental rate and terms described in the lease, shall hold the undersigned, jointly and severally responsible for guaranteeing the timely performance of all terms and the payment of all sums which may become due under this lease and all subsequent renewals and/or extensions. The guarantor(s) acknowledges and agrees that the co-signor and the resident will be jointly and severally liable for any and all sums, which may become due as a result of the tenancy. The undersigned parent(s), guardian(s), or third party guarantor(s) ratify the contract on behalf of the student and themselves and unconditionally guarantee the full and prompt performance by the student of all of his or her obligations under it, and waive any and all rights which they or the student otherwise might have or assert and which would be inconsistent with this contract. The liability of the guarantor(s) shall be direct and not contingent on us seeking any remedies against the resident. The guarantor(s) expressly waives notice of resident's default of the lease. I understand that the above information will be kept confidential. I hereby certify that I have examined this document and that the information stated above is to the best of my knowledge and belief a true and complete application made in good faith. I also give my permission to have the above statements verified including utilizing reports for any credit-reporting agency.

Students Name _____ Name Of School _____

Guarantors' Name _____ Phone (____) _____ Date of Birth ____/____/____

Present Address _____ City,State,Zip _____

Social Security Number _____ Driver's License # _____ State Issued _____

Employer _____ Employer's Phone (____) _____

Employers Address _____ City,State,Zip _____

Occupation _____ Annual Income \$ _____

Landlord or Mortgage Company _____ Phone (____) _____

Address _____ City,State,Zip _____

Credit References: 1. _____ Account # _____ Phone(____) _____

2. _____ Account # _____ Phone (____) _____

Signature of Guarantor _____ Date ____/____/____

Subscribed and Sworn before me on _____ in the County of _____, State of _____.

My Commission expires on _____.

(SPACE FOR NOTARY SEAL)

Cancellation Requirements

In the event cancellation becomes necessary, please be advised that deposits are fully refundable only if a written cancellation is received by RnR 30 days prior to scheduled housing start. Cancellations received 14 to 30 days prior to housing start will receive one-half of the deposit amount, and no deposit refunds will be made for cancellation notice received with less than 14-days from housing start. *Application Fee is non-refundable.*