



Athletes Spring 2012 Academic Year Housing Services Application

Resident Status (select one): New Returning Continuing

Please TYPE or PRINT **GENERAL INFORMATION**

_____ Male _____ Female		Ethnicity (Optional)
CIN (Campus Identification Number) _____		<input type="checkbox"/> Black/ African American
Last Name _____ First Name _____ Middle Name _____		<input type="checkbox"/> Asian
Permanent Address Street _____ City _____		<input type="checkbox"/> Pacific Islander
State _____ Zip Code _____ Country _____		<input type="checkbox"/> Mexican American, Chicano
Permanent Phone Number _____ Message Phone Number _____		<input type="checkbox"/> Caucasian/ White European
Personal Email Address _____ CSULA Email Address _____		<input type="checkbox"/> Native American
		<input type="checkbox"/> Filipino
		<input type="checkbox"/> Other _____
		Birth Date: _____ Month/Day/Year

LIVING PREFERENCES

Do you smoke? Yes No
*(Remember: No smoking is permitted **inside** any State Building including Student Housing Apartments. Smoking is only allowed in designated areas in Housing.)*

Do you prefer to live and study in an environment that is/has Quiet Little Noise Noise

My bed time is usually Before 10 p.m. 10 p.m. to midnight After midnight

How do you usually like the temperature in your apartment? Cool—air conditioning on Cool—window open
Moderate—cool in summer, warm in winter Hot—heater on, windows closed

Is there a specific apartment that you are requesting to live in?
No Yes, apt. # _____ room _____

Have you lived at CSULA Housing Before? No Yes

- If yes, what was the last year you resided at CSULA? _____
- What quarter? Fall Winter Spring Summer

	ROOMMATE REQUEST - NAME	CAMPUS ID NUMBER (CIN)
1		
2		
3		

ACADEMIC INFORMATION

Year in University: 1st-time Freshman 2nd Year 3rd Year 4th Year 5th Year + Grad

Program Affiliation: (if applicable) International National Student Exchange (NSE)

SPECIAL ACCOMMODATIONS	OFFICE USE ONLY
I need a unit equipped to accommodate: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other _____ If you require an accommodation please register with the Office for Students with Disabilities (OSD). If you will be requesting an accommodation to have a bedroom to yourself, then you will also need to complete a Single Request Form (SRF) and submit it with this application. OSD information - www.calstatela.edu/univ/osd/ SRF - www.calstatela.edu/univ/housing/forms/single_req.pdf	Paid \$ _____ Date Complete _____ <input type="checkbox"/> Partial <input type="checkbox"/> Full Units registered _____ Double / Single Occupancy Fiscal Approval _____ Admin Approval _____

Applicant's Signature: _____ Date: _____

DON'T FORGET TO SUBMIT: License Agreement Tuberculosis Form Meningococcal Form (Freshmen only)