



## Athletes Winter 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 - <a href="http://www.calstatela.edu/univ/osd/">www.calstatela.edu/univ/osd/</a> SRF - <a href="http://www.calstatela.edu/univ/housing/forms/single_req.pdf">www.calstatela.edu/univ/housing/forms/single_req.pdf</a>	Paid \$ _____ Date Complete _____ <input type="checkbox"/> Partial <input type="checkbox"/> Full Units registered _____ Double / Single Occupancy  Fiscal Approval _____ Admin Approval _____
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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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