



## New Fall 2009 for English Language Program (ELP) Housing Services Application

Please **TYPE** or **PRINT**

### GENERAL INFORMATION

_____ Male _____ Female		Ethnicity (Optional)	
CIN (Campus Identification Number) _____		<input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Mexican American, Chicano <input type="checkbox"/> Caucasian/ White European <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____	
Last Name _____	First Name _____		Middle Name _____
Permanent Address Street _____			City _____
State _____	Zip Code _____		Country _____
Permanent Phone Number _____			Message Phone Number _____
Email Address _____			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— NAMES	
1	
2	
3	

### SPECIAL ACCOMMODATIONS

I need a unit equipped to accommodate:

Wheelchair

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/](http://www.calstatela.edu/univ/osd/)  
 SRF - [www.calstatela.edu/univ/housing/forms/single\\_req.pdf](http://www.calstatela.edu/univ/housing/forms/single_req.pdf)

OFFICE USE ONLY	
Paid \$ _____	Date Complete _____
<input type="checkbox"/> Partial <input type="checkbox"/> Full	Double / Single Occupancy _____
Units registered _____	<input type="checkbox"/> ELP <input type="checkbox"/> NSE <input type="checkbox"/> ISS
<input type="checkbox"/> New <input type="checkbox"/> Cont <input type="checkbox"/> Return	
Fiscal Approval _____	
Admin Approval _____	

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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