



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

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

### GENERAL INFORMATION

<hr/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ethnicity (Optional)
CIN (Campus Identification Number) <hr/>	<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 <hr/>	First Name <hr/>	Middle Name <hr/>	
Permanent Address Street <hr/>	City <hr/>		
State <hr/>	Zip Code <hr/>	Country <hr/>	
Permanent Phone Number <hr/>	Message Phone Number <hr/>		
Email Address <hr/>	Birth Date: Month/Day/Year <hr/>		

### 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	<hr/>
2	<hr/>
3	<hr/>

### 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)