

**FURNITURE/APPLIANCE REQUEST FORM**

By completing and submitting this form you are requesting approval to have additional furnishings and/or appliances in your apartment. A request for additional furniture/appliances can not conflict with, nor will approval of additional furniture/appliances supersede, Housing Services policies including, but not limited to, Invaded Space, Fire Safety, and Furnishings (please refer to your Student guide for specific information on these policies).

In order for your request to be considered, your roommate (for items that are to be placed in your bedroom), or each of your current housemates (for items that are to be placed in the common area), must sign this form (See "Additional Signatures" section below) indicating that they are in support of your request. All individuals signing below are agreeing that they do not have any concerns including, but not limited to, the aesthetics/condition of the requested item or the decrease in personal space as a result of the requested item. If new residents move into your apartment it is the responsibility of the individual submitting this request to submit a new form that includes the signature of your new roommate.

In the event that you transfer out of the apartment, either voluntarily or as required to do so by Housing Services, a new **Furniture/Appliance Request Form** will need to be submitted for each item that had been approved for your previous apartment.

Upon your departure from the complex it is your responsibility to remove any additional furniture/appliances. Any expenses created by Housing Services' removal of such items will result in those expenses being applied to your student account. Additionally, placing any furniture or appliances in the Housing Services trash bins/dumpsters is prohibited.

**Please complete the following:**

**Name:** \_\_\_\_\_ **CIN#:** \_\_\_\_\_ **Apt.#:** \_\_\_\_\_  
Last, First

**Mailbox#:** \_\_\_\_\_ **Gender:** \_\_\_ Male \_\_\_ Female

**E-mail:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Housing Status:** \_\_\_ Double Occupant (I have a roommate) \_\_\_ Single Occupant (I have been approved to live by myself)

**I am requesting that the following item(s) be approved for my apartment:**

- \_\_\_ Bed – If requesting a bed for medical purposes please attach a copy of your accommodation request from the Office for Students with Disabilities (OSD) to this form.
- \_\_\_ Refrigerator - Not to exceed 4.0 cubic feet, and can ONLY be placed in the storage closet of Phase II apts.
- \_\_\_ Exterior Furniture (i.e. lawn chairs)
- \_\_\_ Other – Please give a brief description on the opposite side of this form or on an attached sheet.

**Additional Signatures (My signature indicates that I have read this form and understand its content):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

**Maintenance Supervisor's Initials/Date:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Director's Initials/Date:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

