



APPLICATION FOR SINGLE STUDENT HOUSING

NAME _____ MALE _____ FEMALE _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 AGE _____ PHONE (____) _____ SOCIAL SECURITY# _____

NAME OF PARENT OR GUARDIAN _____
 PARENT OR GUARDIAN ADDRESS _____
 PARENT OR GUARDIAN PHONE # _____

I PREFER THE FOLLOWING INDIVIDUALS TO LIVE IN MY APPARTMENT:

(ROOMMATES AND APARTMENT ASSIGNMENTS ARE AT THE DISCRETION OF THE LANDLORD)

APARTMENT RULES

1. ABSOLUTELY NO SMOKING, IF YOU SMOKE, DO NOT APPLY TO LIVE AT THESE APARTMENTS. NO ALCOHOLIC BEVERAGES OR FIREARMS ARE ALLOWED ON THE APARTMENT PROPERTY.
2. FALL SEMESTER RENT IS DUE THE FIRST DAY OF OCCUPANCY; SUBSEQUENT SEMESTER RENT IS DUE BY THE FIRST DAY OF EACH SEMESTER. STUDENTS MAY MOVE IN ONE WEEK PRIOR TO THE BEGINNING OF FALL SEMESTER WITHOUT AN ADDITIONAL CHARGE. LATE CHARGES WILL BE ENFORCED.
3. APARTMENTS MUST BE KEPT CLEAN AND IN GOOD REPAIR. COST OF ANY DAMAGES OR REPAIRS CAUSED BY STUDENT WILL BE PAID BY STUDENT.
4. NO BICYCLES ARE PERMITTED IN THE APARTMENTS. BICYCLE RACKS OR SECURMENTS ARE PROVIDED.
5. NO OVERNIGHT GUESTS.
6. NO PETS
7. RESIDENT MAY NOT USE TAPE (OR SELF-ADHESIVE PRODUCTS) ON THE WALLS.

I AGREE TO ABIDE BY THE RULES LISTED ABOVE. I UNDERSTAND THAT ROOM ASSIGNMENTS ARE ON A FIRST COME FIRST SERVE BASIS, I UNDERSTAND THAT UNLESS I HAVE CONFIRMED MY CHOICE OF **CEDAR WEST, VILLA, VISTA, COLLEGE VIEW, OR CAMPUS TOWNHOMES** WITH THE MANAGEMENT, THAT I MAY BE PLACED IN ANY OF THESE APARTMENT COMPLEXES, DEPENDING ON AVAILABILITY. I HAVE ENCLOSED THE DEPOSIT OF \$300.00. MY SIGNITURE BELOW CONTRACTUALLY BINDS ME TO STAY FALL AND SPRING SEMESTERS AND TO PAY FOR EACH SAID SEMESTERS. I UNDERSTAND THAT I AM RESPONSIBLE FOR SELLING MY CONTRACT IF I MOVE. IF I DECIDE TO CANCEL THIS APPLICATION, MY DEPOSIT REFUND MUST BE APPLIED FOR IN WRITING AT THE ADDRESS BELOW BEFORE _____, 2009 OR IT WILL BE FORFEITED. A \$10.00 PROCESS AND HANDLING FEE WILL BE WITHHELD.

PLEASE RESERVE A SPACE AT THE _____ APARTMENTS FOR ME. I WISH TO REQUEST A PRIVATE ROOM _____ SHARED ROOM _____

**MAIL YOUR APPLICATION ALONG WITH YOUR DEPOSIT TO:
 JOHN DALTON*42 JUNIPER DRIVE*CEDAR CITY*UTAH*84720 (435) 586-6077**

DATE: _____ SIGNATURE _____

