COLLEGIATE HOUSING APPLICATION

Applications received within 30 days of requested move-in dates may be placed on a waiting list until housing accommodations are available. Apply early for best placement!

Make checks payable to: Collegiate Housing Services, Inc. Mail to: CHS Processing Center, 5175 E. 65th Street, Indianapolis, IN 46220

INFORMATION ABOUT YOU INTERNATION	FIONAL STUDENTS: APPLICATION AVAILABLE ONLINE OR BY CALLING 1-800-U-MOVE-IN
First Name:	Last Name:
Address:	City: State: Zip:
	ning): (cell): - Cly.
Email:	S.S.N.: (Cen):(Cen):
Male Female Birth date: (month)	
Have you ever been convicted of a crime: YesN	
CHARACTER REFERENCES (Other than guarant	
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CONTACT IN CASE OF EMERGENCY	Phone: Email:
CONTACT IN CASE OF EMERGENCY:	Phone: Cell: Cell:
Name:	FIIOIIe:
INFORMATION ABOUT YOUR GUARANTOR	(Must be U.S. citizen/resident or higher deposit will apply.)
First Name:	Last Name: Relationship to student:
Birth date: (mo.) (day) (year)	S.S.N.: Email:
Address:	City: State: Zip:
Phone (day): (eve	ning): (cell):
Spouse First Name:	Last Name:
Birth date: (mo.) (day) (year)	S.S.N.: Email:
Landlord/Mortgage Co. Name:	
Guarantor Employer:	YEARLY INCOME:
Employer Phone:	Date of Hire: (mo.) (year)
Spouse Employer:	YEARLY INCOME:
Employer Phone:	Date of Hire: (mo.) (year)
	Date of time. (mo.)
THE GUARANTOR IS REQU	JIRED TO SIGN THE LEASE AND WILL BE RESPONSIBLE FOR ANY
OUTSTANDING CHARG	JIRED TO SIGN THE LEASE AND WILL BE RESPONSIBLE FOR ANY GES (INCLUDING RENT) IF THE STUDENT IS UNABLE TO PAY.
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Date:

Date:

Date:

Resident Signature:

Guarantor Signature:_

CHS Representative: