



Parkland Apartments Application

Please fill out this form as accurately as you can.

GENERAL INFORMATION

Name: _____ Date of Birth: ____/____/____
Last First Middle Initial

Address: _____
Street City/State Zip Code

Email: _____ Program: _____

Phone Number: _____ Gender: Female Male
Home Cell

Visa/Passport Number: _____ Social Security Number: _____

Driver's License Number: _____ Desired Move-in Date: ____/____/____

What term are you arriving: Fall Spring Summer Winter

Are you a: Smoker Non-Smoker Have you ever been evicted? Yes No

What type of housing are you interested in?

One Room with Private Bath (Furnished) in a Two Bed/Two Bath Two Bed/Two Bath (unfurnished)

ROOMMATES AND OTHER OCCUPANTS

Every effort will be made to accommodate each student's housing request. Please understand that we do everything we can to place you with your request but these requests are **not** guaranteed.

Roommate 1: _____ New Student Current Student
Roommate 2: _____ New Student Current Student

Total number of occupants: _____ Names of other occupants: _____

List occupants **17 years of age and younger** below:

Name Age Date of Birth

Name Age Date of Birth

Are there any health factors you would like us to consider before assigning your accommodations?

Applicant hereby certifies the information provided is true and correct and authorizes the landlord/agent to make any and all inquiries necessary to evaluate this application. Information provided may be made available to other services or agencies for verification either during the application process or if approved during occupancy. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial or subsequent termination of tenancy upon determination of such falsified information

Student Signature

Date