

2011-2012 RESIDENT APPLICATION

You can also complete your application online at: www.UTowersRaleigh.com

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last Name: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Home Address: _____ Email: _____
 City: _____ State, ZIP: _____ Male _____ Female
 Local Address: (if any) _____ Social Security Number: _____ - _____ - _____
 City: _____ State, ZIP: _____ Date of Birth: ____/____/____

GENERAL INFORMATION

University Standing: _____ New Student _____ Transfer Student _____ Continuing Student
 College Attending: _____ Fall '11 Rank: Fr. Soph. Jr. Sr. Grad
 High School Attended: _____ H.S. Graduation Date: ____/____/____
 I heard about University Towers from: (Check all that apply.) H.S. Counselor NCSU Sports Program Mail Family
 Newspaper Friend UT Website Radio NC State Facebook Other _____

PARENT/ GUARDIAN INFORMATION

Father/Guardian First Name: _____ Last Name: _____
 Home Address: _____ Home Phone: (____) _____ - _____
 City: _____ State, ZIP: _____ Cell Phone: (____) _____ - _____
 Email Address: _____ Work Phone: (____) _____ - _____
 Mother/Guardian First Name: _____ Last Name: _____
 Home Address: _____ Home Phone: (____) _____ - _____
 City: _____ State, ZIP: _____ Cell Phone: (____) _____ - _____
 Email Address: _____ Work Phone: (____) _____ - _____
 Emergency Contact: (Other than Parent/Guardian) _____ Phone: (____) _____ - _____

LEASE AGREEMENT INFORMATION (Please note that the lease cannot be processed without the completion of this section.)

UT Resident:	Lease Term:	Payment Plan:	Meal Plan:
<input type="checkbox"/> New Resident	<input type="checkbox"/> Fall '11/Spring '12	<input type="checkbox"/> 2 Semester Installments	<input type="checkbox"/> 7 Meals Per Week
<input type="checkbox"/> Returning Resident	<input type="checkbox"/> Spring '12	<input type="checkbox"/> 10 Monthly Installments	<input type="checkbox"/> 10 Meals Per Week
			<input type="checkbox"/> 14 Meals Per Week
			<input type="checkbox"/> Unlimited Meals/Week

CREDIT CARD INFORMATION (To be completed by new residents only.)

\$125 Service Fee & \$25 Application Fee (\$150 Total) Please use my: DISCOVER MASTERCARD VISA + ____ (3 Digit Code)
 Name on Card: _____
 Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____
 Billing Address: (If different from home address) _____

Street Address _____ City _____ State, Zip _____

Please note: \$125 Service Fee is fully refundable by written request for any reason prior to the signing of the lease agreement. Acceptance of this application does not assure a room reservation. Space is reserved only upon signing of a separate lease agreement by all parties concerned.

CRIMINAL HISTORY

Have you ever been convicted of and/or pled "guilty" or "no contest" to any felony regardless of whether such action resulted in jail or prison time served and/or deferred adjudication? Yes _____ No _____
 Have you ever been convicted of and/or pled "guilty" or "no contest" to any misdemeanor involving theft, burglary, pornography, physical assault, indecent exposure, sexual molestation and/or any unlawful conduct involving a minor, regardless of whether such activity resulted in jail or prison time served and/or deferred adjudication? Yes _____ No _____
 Are you currently on probation, parole, or suspended sentence for any conviction? Yes _____ No _____

The undersigned warrants that the above-stated information is true and correct and authorizes verification of such information, including, but not limited to, credit and/or criminal check, verification of employment, and rental history.

_____/_____/_____ a.m. p.m.
 RESIDENT SIGNATURE DATE TIME