

APPLICATION



1. Please submit your application with a \$400 non-refundable housing reservation fee/security deposit to CSI Student Housing.
2. Accommodations are limited and will be licensed on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the license agreement by all parties.
3. For information or assistance in completing this application, please call (718) 982-3019 or send us an email to csistudenthousing@csi.cuny.edu.

Applicant Data

Name: _____
(FIRST / GIVEN NAME) (MIDDLE) (LAST / FAMILY NAME)

Home Phone: (____) _____ Mobile Phone: (____) _____

Current Local Address: _____
(STREET) (CITY) (STATE/PROVINCE) (ZIP / POSTAL CODE)

Permanent Address: _____
(if different) (STREET) (CITY) (STATE/PROVINCE) (ZIP / POSTAL CODE)

Please provide the information for one of the items below and check the corresponding choice:

Driver's License Passport State ID Number: _____ State: _____

Social Security No: Yes _____-_____-_____ No Student ID: _____

E-mail: _____ Date of Birth: ____/____/____ Male Female
MONTH DAY YEAR

Which college are you affiliated with? College of Staten Island Other CUNY School _____
(PLEASE SPECIFY)

2015 Standing: Freshman Sophomore Junior Senior Graduate

Guarantor (all applicants are required to have a guarantor)

Guarantor guarantees full and complete payment and performance by the resident of all of the duties and obligations of the resident under the license agreement.

Name: _____
(FIRST / GIVEN NAME) (MIDDLE) (LAST / FAMILY NAME)

Home Telephone: (____) _____ Work Telephone: (____) _____

Guarantor Address: _____
(if different) (STREET) (CITY) (STATE/PROVINCE) (ZIP / POSTAL CODE)

E-mail: _____

Have you ever filed bankruptcy? Yes No If yes, when: _____

Emergency contact other than guarantor: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

APPLICATION



Parking/Vehicle Information

Will you need a parking permit? Yes* No

Vehicle Make: _____ Model: _____

License Plate Number: _____ Year: _____

* Parking is available on a first-come, first-served basis. Contact Office of Parking and Dolphin Card Services for application and fee schedule.

Payment Options

Pay in Full Pay by Semester

Housing/Roommate Request

2 bedroom, 1 bathroom
Private bedroom, shared bathroom

3 bedroom, 2 bathroom
Shared bedroom, shared bathroom

3 bedroom, 2 bathroom
Private bedroom, shared bathroom

4 bedroom, 2 bathroom
Private bedroom, shared bathroom

Requests are in no way guaranteed; if space is available, it will be filled on a first-come, first-served basis. Numerically list choices in order of preference.

Housing Themes

Please indicate which themed community most interests you.

Empire State of Mind
All about NYC

Global Perspectives
International focus

Living Learning Community
Must be registered for COR100 Section 17731
and ENG111 section 16496 or section 16138

Quiet Living

Honors Wing
Located on the Quiet Living Floor

I am not interested in living in a themed community

If you have already chosen your roommate(s), please indicate their name below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based on your resident profile form.

1) _____ 2) _____ 3) _____

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right for licensing the bedroom; and (4) if you have signed a license agreement, it will be a violation of the license agreement.

By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this license agreement application.

Applicant Signature: _____ **Date:** _____

Guarantor Signature: _____ **Date:** _____