



Application for Residence at Armory House

Please read carefully and complete by printing in ink or typing.

Mail to: Armory House 1010 S. Second St. Champaign, IL 61820

Date Received: _____

Section 1: Student Information

Last name		First	Middle	Date of Birth
Street Address				Home Telephone () -
City/Province	State	Zip		SSN (Required)
Country				Student's Cell Phone () -
Student's E-mail				Gender <input type="checkbox"/> M <input type="checkbox"/> F

Section 2: Student Academic Information

UIN (Required)

Please indicate your year in school: (for contract period)

Freshman
 Sophomore
 Junior
 Senior
 Not Currently Enrolled

College

<input type="checkbox"/> ACES	<input type="checkbox"/> Applied Life Science	Major
<input type="checkbox"/> Aviation	<input type="checkbox"/> Business	Transferred <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Communications	<input type="checkbox"/> Education	Transferred From
<input type="checkbox"/> Engineering	<input type="checkbox"/> Fine & Applied Arts	
<input type="checkbox"/> Liberal Arts & Sciences	<input type="checkbox"/> Nursing	

Section 3: Residential Information

Have you signed a contract card at the University Residence Halls? Yes No

Are you a returning student? Yes No

Please indicate the property for which are applying:

Armory House	Armory House Suites	Armory House Apartments	Armory House Annexes
<input type="checkbox"/> Single	<input type="checkbox"/> Standard Room	<input type="checkbox"/> 1 BR	<input type="checkbox"/> 1109 Arbor St. Unit: _____
<input type="checkbox"/> Double	<input type="checkbox"/> Corner Room	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 1111 Arbor St. Unit: _____
<input type="checkbox"/> Deluxe Double		<input type="checkbox"/> 4 BR	<input type="checkbox"/> 1113 Arbor St. Unit: _____

How did you hear about us? Web-site
 AH mailing
 University Mailing
 Friends

Were you referred by one of our residents? Please provide us their name(s). Yes By: _____ No

Roommate/Suitemate Preferences

Section 4: Parent Information

Father/ Guardian Name

Father/ Guardian Name			SSN (Required)
Father Home Address			Home Telephone () -
City/ Province	State	Zip	Cell Phone () -
Country	E-mail		Work Telephone () -
Occupation		Employer	

Mother/ Guardian Name

Mother/ Guardian Name			SSN (Required)
Mother Home Address			Home Telephone () -
City/ Province	State	Zip	Cell Phone () -
Country	E-mail		Work Telephone () -
Occupation		Employer	

Section 5: Financial Information

Who should be contacted regarding financial matters?

Name			Relationship
Address (If different than parent/ guardian)			Work Telephone () -
City/ Province	State	Zip	Cell Phone () -
Country	E-mail		
Occupation	Employer		

Financial Aid Information

Are you expecting to receive financial aid? Yes <input type="checkbox"/> No <input type="checkbox"/>
Anticipated amount? \$
Anticipated dispersal date?
Awarded <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually

The applicant hereby authorizes Owner/ Owner's Agent to conduct a credit check, which includes, but is not limited to obtaining a credit report and interviewing applicant's references and/ or previous landlords. The applicant hereby consents to the credit check process and authorizes any individual listed in this application to speak with Owner/ Owner's Agent regarding applicant's present or previous credit performance. Applicant further releases any and all claims which applicant may have resulting from information provided to Owner/ Owner's Agent. The application also authorizes release of information based upon reliance upon either photocopies or facsimiles of this authorization.