

For Office Use Only: Date Received _____

**Research Medical Center
Student Village Housing Application**

Personal Information:

Application Type (check one):		New:	Renewal:	Change of Unit Request:	Unit Preferred:
Applicant's Name:				Social Security #:	
Current Address:				Phone:	
City:		State:	Zip:	School Email:	
Permanent Address:				Phone:	
City:		State:	Zip:	Personal Email:	
Gender:	Male	Female	Date of Birth:	Expected Graduation Date:	
Degree/Program:				Institution:	
Current Status:	FR	SO	JR	SR	AO GS
Clinical Site (if applicable):					
Spouse Name (if applicable):				Social Security #:	
Children & DOB who will be living with you (if applicable):				1.	2.

Lifestyle (Complete this section only if you do not know who you will be living with.):

Do you smoke?		Do you object to a roommate who smokes?		When do you generally get up?	
How orderly/neat are you?				When do you generally go to bed?	
When you socialize do you:	Prefer to stay home?	Prefer to go out?	Prefer a crowd?	Prefer a few friends?	

Housing Preferences:

Dates needed:	From:	To:	Type desired (check one):	Townhouse:	Apartment:
Your roommate:			Check here if individual accommodations desired:*		
(*There is an additional charge for individual accommodations. Individual accommodations are "space available" basis only.)					
Roommate 2:			Roommate 3:		

Method of Payment (check all that apply):

In full by contract start date or registration:	Deferred Payment Plan:	TMS:
Financial Aid Credit Balance from Rockhurst (form required):	Credit Balance from Research:	

Application and Housing Agreement:

I hereby apply for accommodations in the Research Medical Center Student Village and agree to pay for accommodations in accordance with the rates established by the Research College of Nursing Governing Board. I understand that in addition to my deposit, I may be held financially responsible for any damages/losses to the facility that may occur during my stay.

I further understand that during my stay I am expected to know all applicable policies and procedures related to on-campus housing and agree to abide by said policies and procedures. A copy of the student handbook will be provided.

Applicant's Signature:	Date:
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Do not write below – For Office Use Only:

Starting Rate:	\$	Contract Period:	Fall:	Spring:	Summer:
Initial charge:	\$	Number of contract days X (prorate or daily rate):			
Housing Deposit:	\$	Date Received:	Unit Assigned:		
Notes:			Parking Permit:		
			Key 1:	Key 2:	

Return completed form to: Lori Vitale, Student Affairs, Research College of Nursing, 2525 East Meyer Boulevard, Room 121, Kansas City, MO 64132. **Contact info:** lori.vitale@researchcollege.edu or 816-995-2806.