

RENTAL HOUSING APPLICATION

Name of Applicant: _____ Application Date: _____

Present Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Email Address: _____

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TO BE COMPLETED BY FACULTY & STAFF APPLICANTS

Department: _____ Title of Position: _____

Check applicable categories:

____ Tenure-track

____ Sabbatical replacement for _____ (indicate time period)

____ Temporary appointment for _____ (indicate time period)

____ Regular employment (indefinite term)

Anticipated Arrival Date: _____ No arrivals before August 1.

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TO BE COMPLETED BY STUDENT APPLICANTS

Check applicable categories:

____ Married Undergraduate, Class of _____ (Requires prior written permission from the
Office of Residential Life. Please attached letter granting approval.)

____ Regular 3 year M. Div

____ 1 yr. Anglican Studies

____ Other, please specify: _____

Dates you will be enrolled: _____

Anticipated Arrival Date: _____ No arrivals before August 1.

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Number of residents:

Adults _____ Children _____

Pet Registration Information:

Cats _____ Dogs _____ Ferret _____ Other _____

The University of the South reserves the right to prohibit and limit the number of pets in a unit.

HOUSING PREFERENCES

- 1) Would you prefer a house _____, apartment _____, either is fine _____.
(Note: Houses are typically more expensive than apartments, and small houses are in short supply.)
- 2) Minimum number of bedrooms REQUIRED: _____ Number preferred: _____
(Note: We sometimes do not have the housing with extra bedrooms available to assign to singles or couples with no children.)
- 3) Minimum number of bathrooms REQUIRED: _____ Number preferred: _____
- 4) Maximum monthly rental amount you are willing to consider: \$_____ (Please provide an estimated amount to assist our department regarding placement options.)
- 5) Will you require a furnished unit? ____ yes ____ no (Note: Limited availability and are reserved for short term tenant accommodations. Pets are not allowed.) **No guarantee of availability is given.**

Smoking is prohibited in all University Housing, including e-cigarettes.

Are there any special needs or circumstances that should be considered, i.e. handicap accessibility, severe allergies, etc.--please be specific about your needs):

Please feel free to comment on any aspect of housing that you feel is particularly important to you or your family:

I have read the information provided in this application and hereby request University rental housing. I understand housing is on a first come first service basis and no guarantee of placement is made. Applicants applying by April 15 will be given priority consideration once the application is active. **I understand that this application will not become active until a) EMPLOYEES: I have officially accepted an offer of employment by the University and have met all employment requirements or b) STUDENTS: I have officially accepted an offer of admission to the University and met all requirements for enrollment.**

Date: _____ Signed: _____

Please return the completed application to:

Rental Housing Office
The University of the South
735 University Avenue
Sewanee, TN 37383-0001
(931) 598-1416 Fax (931) 598-1358 Office
Or e-mail to mtlhsng@sewanee.edu

Attn: Melissa Burnette mburnett@sewanee.edu or Sarah Gore sagore@sewanee.edu

RENTAL HOUSING OFFICE USE ONLY:

Date application received in RH office: _____

Date accepted School of Theology (if applicable): _____

Date offer of admission or employment letter: _____