



HOUSING APPLICATION

Name (please print): _____

Sex: M F **Classification** (circle one): Fr So Jr Sr Special

Permanent Address:

Street _____ City _____ State _____ Zip _____ Phone _____

Social Security Number [required] ____ - ____ - _____

Parent(s) or Guardian(s): _____

Street _____ City _____ State _____ Zip _____ Phone _____

E mail Address _____

Roommate (if selected): _____

YES NO

___ ___ I prefer a non-smoking roommate.

___ ___ I prefer to study in my room.

___ ___ I will participate in intramural sports. If yes, which sports _____.

___ ___ I have a physical disability. Please explain _____.

___ ___ I like to study with music. My preference is _____.

I tend to keep a: ___ neat room ___ messy room

I am most energetic in the: ___ morning ___ afternoon ___ evening

Other relevant information about me: _____

_____.

The Housing Agreement, meal plan and this Housing Application are binding for the entire academic year. Students who move off campus during either semester and still enrolled, will receive no housing refunds

and will be charged for the entire semester.

Philander Smith College does not discriminate on the basis of sex, race, age, religion, national origin, veteran status, disability, handicap, marital/parental status or sexual orientation.

I have read and understand the terms and conditions of the Housing Application, the Meal Plan and the Housing Agreement for IZARD Housing Management Services on the campus of Philander Smith College .

A \$235.00 (Two Hundred Thirty Five Dollars) for Transfer and Freshmen students, \$200.00 (Two Hundred Dollars) for Returning students, Room Reservation Fee must be sent with this form. This fee is required. All fees must be paid in advanced before consideration is given for rooms. Room reservations will be allocated on a First-Come, First Served basis for preference and non- preference students. Room Reservation fees are refundable ONLY when space is not available. If an applicant is under the age of eighteen (18), a parent or legal guardian must sign this form. Please send **Money Order or Cashier's Check ONLY** , made payable to Iazard Housing Management Services (IHMS). Please DO NOT SEND CASH. A person convicted of a felony will not be admitted.

Please send this form to:

Iazard Housing Management Services

Philander Smith College

One Trudie Kibbe Reed Drive

Little Rock , AR 72202

501 975-6058

Signatures:

Student: _____

Parent/Guardian: _____

Date: _____

IN OFFICE USE:

Date Fee Received: _____