

# APPLICATION FOR STUDENT APARTMENT

West First Street, Oil City, PA 16301

**Owned and Operated by:**

Clarion University Foundation, Inc.  
840 Wood Street, Clarion, PA 16214  
Phone: (814) 393-1610

**Return Application to:**

Emily Aubele  
Clarion University-Venango Campus  
1801 West First Street  
Oil City, PA 16301

**PERSONAL INFORMATION**

First Name	<input type="text"/>	Initial	<input type="text"/>	Marital Status	<input type="text"/>	Female ___ Male ___
Last Name	<input type="text"/>	Date of Birth	/ /			
Home Address	<input type="text"/>	Social Security #	- -			
	<input type="text"/>	Home Phone	( ) -			
	<small>City State Zip Code</small>	Local Phone	( ) -			
Local Address	<input type="text"/>	Email	<input type="text"/>			
	<small>City State Zip Code</small>					

Parent/Guardian	<input type="text"/>	Relationship	<input type="text"/>
	<small>First Last</small>		
Home Address	<input type="text"/>	Home Phone	( ) -
	<small>City State Zip Code</small>	Work Phone	( ) -

**GENERAL INFORMATION**

University Enrollment	Yes ___ No ___	Full Time ___	Part Time ___	
Name of University	<input type="text"/>	Year in School	<input type="text"/>	
Major	<input type="text"/>	High School	<input type="text"/>	<small>Graduation Date</small>

Employer Name	<input type="text"/>	Employer Phone	<input type="text"/>
Employer Address	<input type="text"/>	How Long Employed	<input type="text"/>
List Additional Employers on back of Application	<input type="text"/>	Monthly Salary	<input type="text"/>
	<small>City State Zip Code</small>		

Name of Local Bank       Checking \_\_\_ Savings \_\_\_

Roommate Preferences

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PLEASE CIRCLE THE TYPE OF LEASE YOU REQUEST:    10 INSTALLMENT (ACADEMIC YEAR)    OR    12 INSTALLMENT (FULL YEAR)

The undersigned hereby offers to rent premises on terms and conditions described herein and upon acceptance of this application agrees to sign a rental or lease agreement and to pay all sums due, including required fees and or deposits. Application and Service fees are non-refundable. The undersigned warrants that the above-stated information is true and correct and authorizes verification of such

**\*Attached is a non-refundable \$25 processing fee in form of a check made payable to "Clarion University Foundation, Inc."**

Please sign \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

For Official Use Only:	Resident Activity	Date Received/Initials
SCHEDULED MOVE-IN DATE:	APPLICATION	
DESIRED LEASE TERM:	SIGN A LEASE	
LEASING AGENT:	MOVE-IN	
MARKETING SOURCE:	NOTICE TO VACATE	
ROOM ASSIGNMENT:	MOVE-OUT	