

**Application for Student Apartment Housing
Clarion University - Venango Campus**

Please complete all fields

Returning Tenant <input type="checkbox"/> New Tenant <input type="checkbox"/> \$25.00 Application Fee for New Tenants **Make Checks payable to "Clarion University Foundation, Inc."**	Owned and Operated by: Clarion University Foundation, Inc.	Return Application to: Student Affairs 117 Rhoades Center Clarion University-Venango Campus 1801 West 1st Street Oil City, PA 16301 (814)676-6591 ext 1269
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Personal Information

First Name: _____ Last Name: _____ MI _____
 Sex: Male Female

Permanent Address: _____ Date of Birth: _____
 _____ Marital Status: _____

 City State Zip Social Security # _____

Local Address: _____ Home Phone: _____
 _____ Cell Phone: _____
 _____ E-Mail: _____
 City State Zip

Parent/Guardian Information

Parent/Guardian: _____ Relationship _____
 Last First
 Parent/Guardian Home Phone: _____
 Address: _____ Cell Phone: _____
 City State Zip

Enrollment Information

University Enrollment Status (Check One) Full-Time (12+ Credits) Major: _____
 Part-Time (0-11 Credits)

Beginning Semester Fall 20 High School: _____
 Spring 20
 Summer 20
 Winter 20

Lease Preferences:

Academic Year
 Extended Academic Year

I am interested in the following Living-Learning Communities:

Honors
 Medical Imaging
 Nursing

*Priority consideration for leases executed by June 15.

Roommate Preferences:

1 _____
 2 _____
 3 _____

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 leasing agreement and to pay all sums due, including required fees or deposits. Application and Service fees are non-refundable. The undersigned warrants the above information is true and correct and authorizes verification of such.

Signature: _____ Date: _____ Application Received: _____