

# HOUSING APPLICATION



1. Please submit your application with a \$ \_\_\_\_\_ non-refundable application fee, a \$ \_\_\_\_\_ non-refundable administrative fee and a \$ \_\_\_\_\_ refundable holding deposit to Ambassador Housing.
2. Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of the application does not ensure an accommodation. An accommodation is reserved only upon execution of the lease agreement by all parties.
3. For information or assistance in completing this application, please call 618-457-2212.

## applicant data

Name: \_\_\_\_\_ Phone/Whatsapp: \_\_\_\_\_

Current local address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Social Security#: \_\_\_ - \_\_\_ - \_\_\_

Email address: \_\_\_\_\_

Are you a student? Yes  No  If yes, what school? \_\_\_\_\_

Graduation year: \_\_\_\_\_ Class standing: Fresh  Soph  Jr  Sr  Grad

Move-In Date: \_\_\_ / \_\_\_ / \_\_\_ Anticipated Move-Out Date: \_\_\_ / \_\_\_ / \_\_\_

Have you ever been convicted of a felony? Yes  No  Reason: \_\_\_\_\_

Have you ever been evicted from any residence? Yes  No  Reason: \_\_\_\_\_

Have you ever filed bankruptcy? Yes  No  \_\_\_\_\_

Are you interested in receiving addition information and updates from Ambassador Housing? Yes  No

Referred by: \_\_\_\_\_ Do you plan to bring a vehicle? Yes  No

Emergency contact: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Please provide proof of student ID plus one of the items below. Check the corresponding choice:  
Driver's License  State ID   
Passport

## guarantor data

Name: \_\_\_\_\_ Social Security#: \_\_\_ - \_\_\_ - \_\_\_

Home ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Work:( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Mobile: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Guarantor address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Have you ever filed bankruptcy? Yes  No  When? \_\_\_\_\_

### FOR OFFICE USE ONLY

Employee Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Manager Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

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## DESIRED APARTMENT & BUILDING TYPE

Preferences and requests are in no way guaranteed; if space is available, it will be filled on a first-come, first-served basis. Numerically list choices in order of preference:

Ambassador Hall Rooms					Saluki Hall Rooms
SHARED SUITE <input type="checkbox"/>	PRIVATE SUITE <input type="checkbox"/>	LUXURY PRIVATE SUITE <input type="checkbox"/>	DOUBLE SUITE <input type="checkbox"/>	STUDIO APARTMENT <input type="checkbox"/>	STUDIO <input type="checkbox"/>

## ROOMMATE REQUEST

If you have already chosen your roommate(s), please indicate their name(s) below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be placed with a random roommate.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## FAIR HOUSING

Ambassador Housing supports your requests for reasonable accommodations and modifications as prescribed by the Fair Housing Amendments Act of 1988. Please check the box if you will need reasonable accommodations/modifications.

## I WARRANT THIS APPLICATION & THE CONTENTS TO BE TRUE, ACCURATE & COMPLETE.

By signing below, I authorize the use of any credit reporting/screening agencies to investigate my character, verify my credit, and to validate the accuracy of information recorded above. I understand that a credit check will appear on my credit report as an inquiry. Further, my signature authorizes the management and credit reporting/screening agencies to later exchange credit information and access my credit report in the event of a default, for collection or skip tracing purposes. I understand that any false statements, misrepresentations, inaccurate information, or failure to supply the data requested, will be grounds for disapproval of my application, and will result in the retention of my application fee, administrative fee and holding deposit as liquidated damages, or if later discovered, will be grounds for an eviction action. I understand that the information provided on this application will survive approval of this application and execution of a lease agreement.

**HOLDING DEPOSIT CLAUSE:** We hereby deposit with owner/agent the sum of \$ \_\_\_\_\_ as a non-refundable application fee, the sum of \$ \_\_\_\_\_ as a non-refundable administrative fee and the sum of \$ \_\_\_\_\_ as a refundable holding deposit on the premises listed above. We understand that the holding deposit, application fee and administrative fee will be retained by the management as liquidated damages if the application is cancelled or withdraw beyond the first 72 hours following submission. We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. Upon execution of the lease agreement the holding deposit will be applied towards the security deposit. The holding deposit and administrative fee will be returned to you within 30 days if this application is not approved, providing that all the above questions are answered correctly and truthfully.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date