



UNIVERSITY OF THE INCARNATE WORD

HOUSING APPLICATION

ACADEMIC YEAR 2009 – 2010

ONLINE APPLICATION AVAILABLE AT WWW.UIW.EDU/HOUSING

ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$225 DEPOSIT *BEFORE* A HOUSING ASSIGNMENT CAN BE MADE

PLEASE SELECT AN OPTION BELOW:

- Full Academic Year [Fall 2009 – Spring 2010]
 Fall 2009 Semester Only [Only available for students in the 3 categories listed below]

PLEASE INDICATE: December Graduate Exchange Student Spring Study Abroad

Spring 2010 Semester Only

DATE OF APPLICATION:

APPLICANT INFORMATION [PLEASE PRINT OR TYPE]

Last Name

First Name

Middle

Last 4 digits of social security number

Date of Birth [MM/DD/YYYY]

UIW Issued Identification Number

Male

Female

MAILING ADDRESS

Number and Street

City

State

Zip Code

County

Country

CONTACT INFORMATION

Permanent Phone Number

Cell Phone Number

University Email Address

@UIWTX.EDU

Alternate Email Address

@

APPLICANT PROFILE

Please indicate your status according to the 2009-2010 academic year.

Classification: First Year Sophomore Junior Senior Graduate Level

Category: New Student Returning Resident Transfer Student Current Student, New Resident

Major of Study:

Member of Athletic Team:

RESIDENCE HALL AND MEAL PLAN SELECTION

STEP 1 – Please indicate your top 3 room preferences in the boxes below according to the available building options using 1, 2, 3 to make your selection. [1 = Most Preferred]

STEP 2 – According to your room selection, select a corresponding meal option by circling ‘1600’, ‘1250’ or ‘900’.

- Meal Plan Option [\$900/semester]: includes 75 board meals per semester and \$325 dining dollars
- Meal Plan Option [\$1250/semester]: includes 75 board meals per semester and \$725 dining dollars
- Meal Plan Option [\$1600/semester]: includes 15 board meals per week and \$400 dining dollars

Board meals are available in Marian Dining Hall. Dining dollars can be used at any food service location on campus. Meal plan rates and options are subject to change. Please note that sales tax will be added to the base rate of all meal plan options.

Note: All residents are required to purchase a meal plan each semester. Meal plan options vary by residence hall. Your meal plan option may not be the same for all your room preferences.

FIRST YEAR RESIDENTS ONLY

KEY: [M] = MALE OPTION AND [F] = FEMALE OPTION

	AGNESE/SOSA [M/F]	CLEMENT [M]	COLBERT [F]	DUBUIS [M/F]	HILLSIDE 2 [F]	MARIAN [M/F]
SINGLE		NOT AVAILABLE			NOT AVAILABLE	NOT AVAILABLE
DOUBLE					NOT AVAILABLE	
TRIPLE	NOT AVAILABLE	NOT AVAILABLE		NOT AVAILABLE		NOT AVAILABLE
QUAD	NOT AVAILABLE	NOT AVAILABLE		NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
MEAL OPTION	1600	1600	1600	1600	1600/1250/900	1600

UPPERCLASS RESIDENTS ONLY

KEY: [M] = MALE OPTION AND [F] = FEMALE OPTION

	AVOCA [M/F]	HILLSIDE [M/F]	HILLSIDE 2 [M/F]	McCOMBS [M/F]	ST. JOSEPH’S [M/F]
SINGLE	NOT AVAILABLE				
DOUBLE		NOT AVAILABLE	NOT AVAILABLE		NOT AVAILABLE
MEAL OPTION	1600/1250/900	1600/1250/900	1600/1250/900	1600/1250/900	1600/1250/900

HOUSING ACCOMMODATIONS/CONSIDERATIONS

Please note any requested housing accommodations/considerations below:

- ALLERGIES TO MEDICATIONS
- EPILEPSY DIABETES
- ASTHMA SEIZURES
- HEART CONDITION
- TAKING MEDICATIONS

PLEASE EXPLAIN ANY CHECKED BOXES TO THE RIGHT.

Note: Students should contact Student Disability Services for appropriate accommodations at 210.805.5813 as early as possible to allow time for processing and appropriate follow-up.

ROOMMATE PREFERENCES

Please circle 'Y' or 'N' to indicate your preferences for the roommate matching process.

I study with the TV or radio on	I am a "Night Owl"	I am an "Early Bird"	I prefer to study in my room	I prefer a clean & orderly room	I enjoy visitors in my room	I prefer a roommate with a similar major
Y N	Y N	Y N	Y N	Y N	Y N	Y N

I prefer to live with an athlete on the team.

I prefer to live with INCOMING RESIDENT/CURRENT RESIDENT
Name of Preferred Roommate *[Please circle one]*

EMERGENCY CONTACT INFORMATION

Father's Name: Work: () - Cell: () -

Address:

Mother's Name: Work: () - Cell: () -

Address:

NOTIFY IN CASE OF EMERGENCY: Relationship:

Home: () - Work: () - Cell: () -

Address:

ACKNOWLEDGEMENT AND AGREEMENT

Please provide accurate information about room, roommate, and meal plan preferences so that we may attempt to meet your request. Your priority for a housing assignment is based on the date we receive your housing application *and* the \$225 housing deposit. Housing assignments for applications and deposits received prior to May 1, 2009 will be sent by June 1, 2009. Students applying for housing after May 1, 2009 will be notified of their housing assignment as their applications and deposits are received; and priority will be given to students who live outside of the San Antonio area. Please refer to the Residence Life Agreement by visiting <<http://www.uiw.edu/housing/house.html>> for additional information.

Student Signature: Date:

■ OCCUPANCY AGREEMENT CONTRACT [FALL 2009 – SPRING 2010]

IMPORTANT: PLEASE READ CAREFULLY ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT.

I have read and understand that this agreement is for the Fall 2009 semester *and* the Spring 2010 semester. I understand that a room will be assigned to me based on my eligibility for occupancy and the availability of housing. This agreement does not guarantee any particular type, location, or size of room. I agree to pay the established rate for any space, which I am assigned.

I understand that the Occupancy Agreement can be cancelled prior to occupancy according to the refund schedule and process, which can be found by visiting <www.uiw.edu/house>. All cancellations must be made directly by email to the Residence Life Coordinator of Operations at <housing@uiwtx.edu>. I understand if I cancel this contract after occupancy, for any reason other than those stated below, and in the agreement policy, I will be charged a cancellation fee of \$500 and forfeit my deposit.

I may cancel my agreement only if I meet one of the following exceptions: 1) graduating from the university at the end of the fall semester; 2) leaving the university at the end of the fall semester as indicated on the housing application form; 3) will be participating in a recognized UIW program outside of the San Antonio area.

I understand that I must purchase a meal plan each semester I reside in housing. The meal plan options will depend upon the residence hall assigned to me.

If I choose to stay on campus during the breaks between semesters, I agree to pay for break housing. All residents staying on campus between semesters will be required to pay for break housing.

All details regarding the cancellation policy and other agreement information can be found in the UIW Occupancy Agreement Contract. The terms and conditions of the UIW Occupancy Agreement Policy are incorporated herein as if fully set forth in this document. By signing this, I agree to comply with the terms of occupancy, UIW Occupancy Agreement Policy, UIW Student Handbook, and the Guidelines for Community Living and agree to be familiar with the policies and procedures set forth by the University and the Department of Residence Life. I further agree to carry my residence hall key and UIW ID at all times. If I should lose either my key or ID, I will report the loss to the Campus Life Office and pay for their replacement.

My signature below indicates that I accept the Campus Housing assigned. I understand a copy of this Agreement and the Information booklet can be requested from the Office of Residence Life or obtained by visiting <<http://www.uiw.edu/housing/house.html>>. I agree to all terms of this Agreement.

*If you are 17 years of age or younger and you are accepting housing, then your parent or legal guardian must also sign this agreement.

By signing, you and your parent or legal guardian will be legally bound to the terms of this agreement.

Print and Sign if accepting

Date

Signature of Parent/Legal Guardian

Relationship

Date