

2019 SUMMER HOUSING APPLICATION

Office Use Only
Damage Deposit Paid: / /
Receipt #:
Unit assigned:
Date in:
Date out:

Name (please print)	ID Number			
Current Address	Unit/Apt #	City	State	Zip
Primary Phone	Cell Phone		-	
Permanent Address	Unit/Apt #	City	State	Zip
Gender:	High School grad	duation year:	Private	room requested: []
Name(s) of preferred roommates (if any):				
Requested Dates for Summer Housing: Fr	romTo){	6 week [] 12 week [_] Other [] week}
Important information:				
for exceptions to these dates. There we their designated summer end date or be their designated are for LSSU curcharged on a weekly basis (Sunday staying a minimum of 12-weeks, remaining a minimum of 12-weeks, rem	oy noon on Saturda rrent students. P through Saturda it is \$70 per week Il be charged \$11 onetime \$38 envir onge and environr nt for summer is	Please contact y) and is not p c. A minimum 2 per week. conmental fee mental fee will required by F	our office for non-stu prorated on a daily bas of a 6-week stay, rent Any refunds will be ap will be charged to ren be billed to the stude riday, May 3. If not pai	ident rates. Rent is sis. For those is \$91 per week. plied based on the ters for use of the nt's account on d in full by the due
A damage deposit of \$150 is required year if applicable. Weekend student and Sunday, May 5 from 12:00 noon cancel your summer housing application Housing Office.	check in hours w until 4:00 p.m. ir	rill be Saturda n the Campus	y, May 4 from 10:00 a.ı Life and Housing Offic	m. until 4:00 p.m. ce. If you need to
While living on campus summer stude apply during the academic year (pleas if rent is not paid or university, state or the right to consolidate units and move	e refer to the Navi federal policies ar	gator-on camp	us resident handbook).	Eviction may occur
To request special accommodations, in ad LSSU Office of Accessibility Services. The staff of appropriate accommodation. Hous availability. Questions about accessible st Success.	e coordinator of Acce sing staff will facilitate	essibility Service the housing ac	s will verify your disability a commodations based on a	and advise housing application date and
I have read the above information and	agree to abide by	these conditio	ns by signing below.	
Signature of Student/Applicant			 Date	