



# Off-Campus Housing Request Form

|                      |
|----------------------|
| Date submitted _____ |
| Approved: Y / N      |
| Office use only      |

Please complete this form and return it the Student Development Office in the Upper Commons.

## 1. General Information

Name \_\_\_\_\_  
Last First Judson Student ID #

Home Address \_\_\_\_\_  
Street Address City State/Prov. Country Zip/Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Today's Date \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

I request off-campus housing beginning: Fall \_\_\_\_ Spring \_\_\_\_ Year: 20 \_\_\_\_

I will be a (check one): Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

I am an: International Student \_\_\_\_ Yes \_\_\_\_ No

Parent(s) or Guardian (s) Name(s) \_\_\_\_\_

Where will you be living as a commuter student ?

Address \_\_\_\_\_  
Street Address City State Zip/Postal Code

\_\_\_\_\_  
Name of property owner Property owner phone number

## 2. Emergency Contacts & Health Information (please give 2 contacts)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Other Information \_\_\_\_\_

## 3. Athlete Information

Have you signed to participate on a Judson University athletic team? Yes \_\_\_\_ No \_\_\_\_

If yes, what team? \_\_\_\_\_

Please complete **BOTH** sides of this application

## 4. Requirements

To maintain Judson's residential campus philosophy, full-time students under the age of 24 are required to live on campus except for those students who meet one of the following qualifications for off-campus housing:

- Married**
- 24 years of age or older**
- Living with parent(s) or legal guardian(s)**

In their primary residence as stated on Federal tax documents within a 45-minute one-way commute.

- Living with faculty, staff, or administrator**

In their primary residence as stated on Federal tax documents (one student per residence).

Name of faculty, staff, or administrator \_\_\_\_\_

- Established local resident**

Having lived away from home for a minimum of 12 months. On-campus living at Judson does not qualify.

- Not attending the University full time**

Registered for less than 12 credit hours.

Number of credit hours you will be registered for: \_\_\_\_\_

## 5. Signature

**EXPECTATIONS:** It is the responsibility of each student to be familiar with and abide by Judson University's Lifestyle Expectations as described in the Student Handbook including alcohol, drugs, tobacco, dishonesty, racism, immodesty, premarital sex, homosexual behavior, pornography, and gambling. Violations of these expectations may result in disciplinary action as described in the Student Handbook.

**SIGNATURE & RETURN OF APPLICATION:** Your signature acknowledges that you have read and accept the Lifestyle Expectations and off-campus requirements of Judson University as stated in the Student Handbook. **It is recommended that students return this application to seek approval for off-campus housing before signing a lease and/or rental agreement.** All information will be verified before permission is granted. This application must be completely filled out and returned to the Student Development Office in the Upper Commons.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Judson University-Student Development Office, 1151 N. State St., Elgin, IL. 60123 847.628.1567 | Fax 847-628-2042