University Student Apartments
University of Missouri-Columbia
1133 Ashland Rd. • Columbia, MO 65201
(573) 875-1133 • Fax: (573) 875-8411
Please leave any spaces which do not apply to you blank

Student Name: _____
Last/Family First/Given Middle Student Number

Gender: _____ Female _____ Male _____
Date of Birth (mm/dd/yyyy):

Email Address: _____ Phone: _____ Fax: _____

I am applying as: _____family student _____ single graduate student _____ over 21 student

Mailing Address: _____
Street Address Apt. #

_____
City State Zip

Spouse's Name: _____
(requires additional documentation) Student Number Date of Marriage

Roommates Name(s): _____
Student Number Date of Birth

Names and birth dates of children who will be living with you: _____
Name (mm/dd/yyyy)

_____
Name (mm/dd/yyyy)

_____
Name (mm/dd/yyyy)

If possible, I prefer accommodations beginning: _____
Month Day Year

I will be a _____Fr. _____So. _____Jr. _____Sr. _____Graduate/Professional

I prefer to be assigned to:

Please RANK your preferences (1, 2, 3...) if you will accept more than one location. Please select only those apartments for which you are eligible. Rates are for unfurnished apartments, and are subject to change.

_____Studio _____One-Bedroom _____Two-Bedroom _____First Available

Please RANK your apartment complex preferences (1, 2, 3...) so that we can find a suitable apartment.

_____Manor House _____Tara _____University Heights _____University Village _____First Available

I request special housing accommodations due to:

☐ A)A disability as defined by the Americans with Disabilities Act. I understand that I must submit information documenting need for this request.

☐ B)I request special housing accommodations for reasons other than a medical disability as defined by the Americans with Disabilities Act (e.g. temporary medical conditions such as broken bones or recovery from surgery, cultural/religious beliefs, etc.). I have attached a separate sheet explaining the reasons for my request.

I remit herewith my $25 nonrefundable check or money order payable to the University of Missouri. I understand if I have not yet been admitted to MU or do not have a student number, I may apply, but my application cannot be placed on the waiting list for assignment. I understand I may request changes or transfer this application to another semester any time prior to the date on which I am offered an apartment. I understand that if I will not be eligible (see Term 1 of "Contract Terms and Conditions") to occupy the apartment on the assigned occupancy date, I must reject the assignment unless I have made the advance arrangements. I further understand that, while every attempt will be made to accommodate my requests as indicated, receipt of this application and application fee by MU does not guarantee an apartment will be available in the location and at the time I have requested. I take full responsibility for advising the Department of Residential Life of my current mailing address and will promptly advise them if I want this application canceled.

APPLICATION REMAINS ON FILE FOR ONE YEAR. RE-APPLICATION IS NECESSARY AFTER ONE YEAR TO REMAIN ON A WAITING LIST. APPLICATIONS CANNOT BE TRANSFERRED TO ANOTHER PERSON'S NAME.

THIS APPLICATION IS TO BE FILLED OUT BY THE STUDENT AND IS TO BE FORWARDED WITH A NONREFUNDABLE $25 APPLICATION FEE TO: CASHIERS: 15 JESSE HALL, COLUMBIA, MISSOURI 65211. **I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT THIS APPLICATION MAY BE DECLINED OR MY HOUSING OFFER RESCINDED DUE TO FALSE STATEMENTS MADE ON THIS HOUSING APPLICATION.**

Student Signature: _____