## Central College Summer Housing Rental Application

Applicant In	formation							
Name:								
Date of birth:			Email: Pl			Phone:	Phone:	
Current address:								
City:			State: ZIF			ZIP Code:	ZIP Code:	
Own Rent	(Please circle)	Monthly payment or rent:					How long?	
Previous address:								
City:		ZII			ZIP Code:	ZIP Code:		
Owned Rented	wned Rented (Please circle) Monthly payment or rent:						How long?	
Roommate: Yes No Preference:								
Comments:								
Summer Em	ployment Info	rmation						
Summer employe								
Employer address								
			-mail:			Fax:		
City: State:						ZIP Code:		
Start Date:		<u> </u>						
Emergency	Contact							
	not residing with you	n.						
Address:		<u>~-</u>						
City: State:			ZIP Cod			e:	Phone:	
Relationship:								
Co-applican	t Information,	if Marrie	ed					
Name:								
Date of birth:			SSN:			Phone:		
Current address:								
City:			State:			ZIP Code:		
Own Rent	Rent (Please circle) Monthly payment or rent:					How long?		
Previous address:								
City:			State: ZIP			ZIP Code:		
Owned Rented	(Please circle)		Monthly payment or rent:				How long?	
Co-applican	t Employment	Informa	tion					
Current employer:								
Employer address:							How long?	
Phone: E-			mail: F			Fax:		
City: State:			ZIP			ZIP Code:	P Code:	
Position:	Hourly Salary (Please circle)				Ann	Annual income:		
I authorize the ver	ification of the inform	nation provid	led on this form as to my credit	t and er	mploymen	t. I have rec	eived a copy of this application.	
Signature of applicant:							Date:	
Signature of co-applicant:							Date:	

Please note: The housing deposit is not required at the time of completion of this application. A rental contract will be provided and the deposit will be required when that contract is returned. Housing will be assigned based on the completed application.