



APPLICATION FOR UNIVERSITY APARTMENTS

South Dakota State University

For Office Use Only:

Name: _____
Last First Middle

Gender: Male Female

Class Level: Fr So Jr Sr Master's PhD

Colleague ID: _____

Current Address: _____ Phone: () _____
Street City/State/Zip

Permanent Address: _____ Phone: () _____
Street City/State/Zip

Marital Status: Married Divorced Single Other Date to be married, if applicable: _____

Apartment Interest

*Please indicate which apartment you are interested in below:

- State Court - 1 Bedroom Apartment _____
- 704 South – 3 Bedroom shared Apartment _____
- 910 West – 2 Bedroom shared Apartment _____

If married, is your spouse going to be living with you in UNIV APT? Yes No

If so, is your spouse here in Brookings now? Yes No

If your spouse is not currently here in Brookings, when will your spouse arrive? _____
Date

If you have children, will they be living with you in UNIV APT? Yes No

If so, what is the number of children that will be living with you in UNIV APT? _____

Do you have any legal dependents other than children? Yes No

If so, please provide the name(s) and relationship to you:

Last First Middle Relationship

Last First Middle Relationship

Anticipated graduation date: _____ Occupancy date requested: _____

Email Address: _____

"I understand that it is my responsibility to inform the Residential Life Office of any change of phone number or address in order to enable any correspondence from that office to reach me. I also understand that I may be required to produce a copy of my marriage certificate, proof of dependents, and/or I20 and Visa if an international student."

Signature: _____ Date: _____ Time: _____

Submit to: Residential Life Office - Box 2810 A
South Dakota State University
Brookings, SD 57007-0898
Phone (605) 688-5148 - Email SDSU.ResLife@sdstate.edu