HARTFORD SEMINARY
EXPLORING DIFFERENCES, DEEPENING FAITH

2007-2008
HOUSING APPLICATION

PLEASE PRINT

_____ _____ _____ _____ _____
LAST NAME FIRST NAME MIDDLE MALE FEMALE

_____
PERMANENT ADDRESS CITY STATE ZIP CODE

(_____)_____ _____ _____
PERMANENT TELEPHONE E-MAIL DATE OF BIRTH

EMERGENCY CONTACT INFORMATION:

_____
LAST NAME FIRST NAME RELATIONSHIP

_____
STREET ADDRESS CITY STATE ZIP CODE

(_____)_____ (_____)_____ _____
HOME TELEPHONE WORK TELEPHONE E-MAIL

OCCUPANCY START DATE: ☐ SPRING 2007 ☐ FALL 2007 ☐ SPRING 2008

HOUSING STATUS AS OF OCCUPANCY DATE: ☐ NEW STUDENT ☐ RETURNING STUDENT

IF YOU ARE RETURNING, WHAT WAS YOUR HOUSING STATUS IN 2006-2007? ☐ RESIDENT ☐ COMMUTER

EXPECTED GRADUATION YEAR: _____ MAJOR AREA OF STUDY: _____

DO YOU (PLEASE CHECK ONE FOR EACH PAIR):

☐ SLEEP LATE ☐ GO TO BED BEFORE 11P.M. ☐ LIKE THE ROOM VERY NEAT ☐ SOCIALIZE FREQUENTLY WITH GUESTS
☐ WAKE UP EARLY ☐ GO TO BED AFTER 11P.M. ☐ PREFER THE 'LIVED IN LOOK' ☐ PREFER OCASSIONAL GUESTS; LIKE THE ROOM FAIRLY QUIET.

DO YOU SMOKE: ☐ YES ☐ NO WOULD YOU LIVE WITH A SMOKER? ☐ YES ☐ NO ALL ROOMS ARE SMOKE FREE.

IF YOU HAVE A DISABILITY OR MEDICAL CCONDITION THAT SHOULD BE CONSIDERED IN ASSIGNING A ROOM, PLEASE CONTACT VANESSA AVERY-WALL VIA E-MAIL, VAW@HARTSEM.EDU, OR PHONE (860) 509-9552.

_____ _____
SIGNATURE DATE

PAYMENT INFORMATION: ☐ CREDIT CARD ☐ CHECK ☐ MONEY ORDER/OTHER

_____ _____ _____
CREDIT CARD NUMBER EXPIRATION DATE NAME ON CARD

_____ _____
SIGNATURE DATE

MAIL OR FAX TO: HARTFORD SEMINARY, ATTN: VANESSA AVERY-WALL, 77 SHERMAN STREET, HARTFORD, CT 06105
PHONE NUMBER: (860) 509-9552 FAX: (860) 509-9509 E-MAIL: VAW@HARTSEM.EDU

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ PAYMENT ENCLOSED ☐ YES ☐ NO

ROOM/APARTMENT ASSIGNED: _____ ROOM/APARTMENT LETTER SENT ON: _____ BY: _____