



2016-2017 HOUSING APPLICATION

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE	MALE	FEMALE
PERMANENT STREET ADDRESS	CITY	STATE/COUNTRY	ZIP CODE	
()	()			
TELEPHONE	CELL PHONE	E-MAIL	DATE OF BIRTH	

EMERGENCY CONTACT INFORMATION:

LAST NAME	FIRST NAME	RELATIONSHIP		
STREET ADDRESS	CITY	STATE/COUNTRY	ZIP CODE	
()	()			
HOME/CELL TELEPHONE	WORK TELEPHONE	E-MAIL		

OCCUPANCY START DATE: FALL 2016 SPRING 2017

EXPECTED DATE OF ARRIVAL: _____ ROOM _____ FAMILY APARTMENT _____

EXPECTED GRADUATION YEAR: _____ DEGREE PROGRAM: _____

RESEARCH SCHOLAR ARRIVAL DATE: _____ DEPARTURE DATE: _____

AUTO INFORMATION (IF CAR WILL BE ON CAMPUS)

PLATE NUMBER	MAKE	MODEL	COLOR
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NOTE: 2016-17 ROOM RENTALS IN SHARED APARTMENTS ARE **\$575** PER MONTH, AND A \$20 MONTHLY FEE IS CHARGED FOR SUPPLEMENTAL CLEANING OF SHARED SPACES. ANNUAL RENT INCREASES TAKE EFFECT ANNUALLY IN JULY. IF NEEDED, GENTLY USED LINENS AND BLANKETS ARE AVAILABLE FOR USE FOR A ONE-TIME \$10 FEE. SHORT-TERM STAYS ARE \$55 PER NIGHT. **ALL STUDENT RENTAL LEASES ARE FOR NINE MONTHS FROM SEPTEMBER-MAY.**

ALL HOUSING IS SMOKE FREE.

IMPORTANT: IF YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT SHOULD BE CONSIDERED IN ASSIGNING A ROOM, PLEASE CONTACT ROSE LEZAK VIA E-MAIL, RLEZAK@HARTSEM.EDU, OR PHONE (860) 509-9501.

NOTE: *ALL VACCINATIONS MUST BE UP-TO-DATE WITH DOCUMENTATION ON FILE IN THE REGISTRAR'S OFFICE BEFORE THE HOUSING APPLICATION IS APPROVED. FOR SPECIFIC REQUIREMENTS, PLEASE REFER TO THE ON-LINE SEMINARY CATALOGUE.*

SIGNATURE	DATE
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PAYMENT INFORMATION: CREDIT CARD (MASTER CARD, VISA, OR DISCOVER ONLY) CVV SECURITY CODE _____ CHECK MONEY ORDER/OTHER

CREDIT CARD NUMBER EXPIRATION DATE (MONTH/YEAR) NAME ON CARD

SIGNATURE DATE

KINDLY **RETURN** THIS FORM TO: HARTFORD SEMINARY, ATTN: ROSE LEZAK, 77 SHERMAN STREET, HARTFORD, CT 06105

FAX: (860) 509-9509 **E-MAIL:** RLEZAK@HARTSEM.EDU