



West Campus Apartment Application

Office of Housing and Residence Life | ENMU Station 39

Phone: 575.562.2632 | Fax: 575.562.4321 | housing.office@enmu.edu

Assigned apartment:

This is an application, not a contract. Confirmation of assignment will be made by phone. Assignments are made on a student then faculty/staff basis. The University Apartment Contract will be signed at the time of check-in with your apartment manager.

Applicant Information

Legal name: Last: _____ First: _____ Middle: _____

Preferred name: _____ Birthdate: _____ ENMU ID number: _____

Biological sex: Male Female Gender: Male Female Non-Binary Handicap apartment: Yes No

Mailing address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Mobile phone: _____ ENMU email: _____

Classification: Freshman (waiver required) Sophomore Junior Senior Faculty/Staff

Contract term requested: Fall 20____ Spring 20____ Summer 20____

Apartment type: 1 bedroom/1 bath (furnished) 1 bedroom/1 bath (unfurnished) 2 bedroom/1 bath (furnished)* 2 bedroom/1 bath (unfurnished)* *Fill out preferences on page 2

Occupant Information (Including Applicant)

Name: _____ Relationship to applicant: _____ Age: _____

Name: _____ Relationship to applicant: _____ Age: _____

Name: _____ Relationship to applicant: _____ Age: _____

Name: _____ Relationship to applicant: _____ Age: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Do you have any medications or allergies? Yes No

Please list medications/allergies (any animals, food, etc.): _____

Housing Deposit Payment

Deposits are due at the time of assignment. You will not be able to move in until your deposit is paid. You will have 1 business week to pay the deposit at the cashier once you are offered the apartment, or it will be reassigned.

I agree that I have read and understand the Housing Deposit Statement

Assignment Preferences (For 2-Bedroom Only)

The following information will be used for your roommate assignment. We will try to honor your stated preferences, however, assignment preferences are limited to availability. **Please choose one item for each category.**

I am a:	<input type="checkbox"/> Smoker (please specify):	<input type="checkbox"/> Vape	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Nonsmoker			
I prefer to live with a:	<input type="checkbox"/> Smoker	<input type="checkbox"/> Nonsmoker	<input type="checkbox"/> No preference	
I prefer going to sleep:	<input type="checkbox"/> Before 11 p.m.	<input type="checkbox"/> After 11 p.m.		
I prefer to keep my apt:	<input type="checkbox"/> Very neat	<input type="checkbox"/> Tidy	<input type="checkbox"/> Clean, but messy	
I consider myself:	<input type="checkbox"/> Very social	<input type="checkbox"/> Social	<input type="checkbox"/> Reserved	
I prefer a roommate who is:	<input type="checkbox"/> Very social	<input type="checkbox"/> Social	<input type="checkbox"/> Reserved	
I plan to study:	<input type="checkbox"/> Often (3+ hours per day)	<input type="checkbox"/> Some (1-3 hours per day)		
I prefer to study:	<input type="checkbox"/> In my room	<input type="checkbox"/> Elsewhere in my dorm	<input type="checkbox"/> In the library	
I prefer to study with:	<input type="checkbox"/> Music/TV in background	<input type="checkbox"/> No music/TV		
My special interests are:	<input type="checkbox"/> I am a member of the ENMU Athletics community. If so, what team:			
	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross country	
	<input type="checkbox"/> Football	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Soccer	
	<input type="checkbox"/> Softball	<input type="checkbox"/> Spirit squad	<input type="checkbox"/> Track & field	
	<input type="checkbox"/> Volleyball			
	<input type="checkbox"/> I am a member of the ENMU fine arts community. If so, what discipline:			
	<input type="checkbox"/> Art	<input type="checkbox"/> Communication	<input type="checkbox"/> Film	
	<input type="checkbox"/> Music (band)	<input type="checkbox"/> Music (choir)	<input type="checkbox"/> Theatre	
	<input type="checkbox"/> Other (please specify): _____			

Roommate Request Information

If you are requesting a specific roommate, the Residence Hall Applications for both students should be submitted at the same time if possible, and the request must be mutual.

Name of requested roommate: _____

Acknowledgment and Signature

I understand my \$150 housing deposit will only be refunded only if a written request for cancellation is received by: Aug. 1 for academic year (fall and spring semesters), Jan. 1 for spring only, May 1 for summer session one only and June 1 for summer session two only.

Applicant signature

Date