



# 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: \_\_\_\_\_

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## 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.): \_\_\_\_\_

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## 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.

## 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:**  Smoker (please specify):  Vape  Cigarettes  Other: \_\_\_\_\_  
 Nonsmoker

**I prefer to live with a:**  Smoker  Nonsmoker  No preference

**I prefer going to sleep:**  Before 11 p.m.  After 11 p.m.

**I prefer to keep my apt:**  Very neat  Tidy  Clean, but messy

**I consider myself:**  Very social  Social  Reserved

**I prefer a roommate who is:**  Very social  Social  Reserved

**I plan to study:**  Often (3+ hours per day)  Some (1-3 hours per day)

**I prefer to study:**  In my room  Elsewhere in my dorm  In the library

**I prefer to study with:**  Music/TV in background  No music/TV

**My special interests are:**  I am a member of the ENMU Athletics community. If so, what team:  
 Baseball  Basketball  Cross country  
 Football  Rodeo  Soccer  
 Softball  Spirit squad  Track & field  
 Volleyball

I am a member of the ENMU fine arts community. If so, what discipline:  
 Art  Communication  Film  
 Music (band)  Music (choir)  Theatre  
 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