

MARRIED/FAMILY STUDENT HOUSING APPLICATION AND CONTRACT

Please fill out and return the application with a copy of your marriage license or, if a single parent, a copy of the child(ren)'s birth certificate(s). A \$25 non-refundable application fee is required with your application (no cash). PLEASE PRINT.

Mail completed application to: Director of Residential Life/Housing, Post Office Box 3174, Ruston, LA 71272

Social Security Number	Last Name (applicant)	First Name	Middle Initial
Social Security Number	Last Name (applicant)	First Name	Middle Initial
Permanent Address	Street or Box Number	City	State Zip
Current Address	Street or Box Number	City	State Zip
Phone Number			
Emergency Phone Number	FOR OFFICE USE ONLY		
E-mail Address	APARTMENT ASSIGNED: _____		
	ASSIGNMENT MAILED: _____		

Please notify us of any address change or if you are no longer interested and need to withdraw your application.
 Are you a Louisiana Resident? Yes _____ No _____ Quarter and Year Occupancy to Begin _____
List children expected to live in the apartment:
 Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____
 Date Received by Housing Office _____ Ticket No: _____ Date: _____

CURRENT RENTAL RATES: \$295.00 MONTHLY
 (RENTAL RATES ARE SUBJECT TO CHANGE. WATER, GAS, AND PEST CONTROL ARE FURNISHED BY LOUISIANA TECH.)

TERMS OF THE AGREEMENT AND CONDITIONS OF OCCUPANCY ARE STATED IN THE MARRIED/FAMILY STUDENT HOUSING HANDBOOK. I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED, READ, AND UNDERSTOOD THE TERMS OF AGREEMENT AND CONDITIONS OF OCCUPANCY IN THE HANDBOOK AND AGREE TO BE BOUND BY THE PROVISIONS OF THE SAME. THESE AGREEMENTS, CONDITIONS, AND THE REGULATIONS ARE MADE A PART OF THIS CONTRACT AND AGREED TO BY THE APPLICANT AS IS FULLY SET FORTH HEREIN.

DATE	SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE
MARRIED/FAMILY STUDENT HOUSING ASSIGNMENT (Please Print)		

Social Security Number	Last Name (applicant)	First Name	Middle Initial
Permanent Address	Street or Box Number	City	State Zip

DO NOT WRITE BELOW THIS LINE.

Please Check One _____ We wish to reject this assignment. _____ We wish to accept this assignment.	Please forward this portion to the Housing Office by return mail. If, after one week (7 days), you have not notified the Housing Office, we shall assume you do not want the apartment, and it will be assigned to the next person on the waiting list.
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Signatures: _____ **Signature of Applicant** _____ **Signature of Spouse**

Deposit Ticket Number: _____ You have been assigned apartment number: _____

This apartment should be ready for occupancy on or about _____