

WEST TEXAS A&M UNIVERSITY  
Department of Residential Living

APPLICATION FOR HOUSING

PLEASE PRINT OR TYPE ONLY

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(last) (first) (M.I.)

Drivers License No: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

College Classification: 1st Semester Freshman Junior  
(Please Circle One) 2nd or more Semester Freshman Senior  
Sophomore Graduate

Parent or Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Semester Applying for: (fill in the year of all that apply)

Fall 19 \_\_\_\_ Spring 19 \_\_\_\_ 1st Summer 19 \_\_\_\_ 2nd Summer 19 \_\_\_\_

Roommate Preference: \_\_\_\_\_ Hall Preference: \_\_\_\_\_  
(Both must request each other)

Would you prefer a non-smoking roommate? Yes \_\_\_\_ No \_\_\_\_

If possible, rooms are assigned on the basis of student requests. In the absence of requests, the assignment will be made at random. All applications are received and assigned without regard to race, color or national origin. Refrigerators are assigned on a first-come, first-served basis unless a valid medical need is involved. If you have any requirements that require special attention by the Office of Residential Living, please attach them to the application.

Rooms are contracted for the academic year (fall and spring), spring only, or for either or both summer semesters. Room deposit is \$100. Should a refund be desired, you must notify the Office of Residential Living in writing by **Aug. 1** for the fall semester, **Dec. 15** for the spring semester, **May 15** for the first summer semester and **June 15** for the second summer semester. Drivers license state and number are required on all payments made by check.

RETURN APPLICATION WITH DEPOSIT ENCLOSED TO: **RESIDENTIAL LIVING**  
**WTAMU BOX 878**  
**CANYON, TEXAS 79016-0001**

(ROOM DEPOSIT IS \$100)

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(office use only)

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Hall: \_\_\_\_\_ Room: \_\_\_\_\_ Semester effective: \_\_\_\_\_