

For Office Use Only

Check number: \_\_\_\_\_

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

# Off Campus Housing Application

Educational Housing Services at the St. George Residence  
Request Form



Please complete this application for off-campus housing in the Educational Housing Facility at the St. George Residence.  
Mail to: Office of Admissions, 245 Clinton Avenue, Brooklyn, NY 11205-3688.

**DATE** \_\_\_\_\_

## STUDENT NAME

\_\_\_\_\_

Last	First	Middle	Preferred Name
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## STUDENT IDENTIFICATION

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

International Student–Passport Number \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth    Month (mm) \_\_\_\_\_    Day (dd) \_\_\_\_\_    Year (yyyy) \_\_\_\_\_

Applying as:     Freshman     Sophomore     Junior     Senior     Graduate

Semester for which you are applying \_\_\_\_\_    Year \_\_\_\_\_    Major \_\_\_\_\_

## STUDENT CONTACT INFORMATION

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_    Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_    Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## ROOMMATE REQUEST

Is there a St. Joseph's College student who you would like to live with?  Yes  No

Roommate's name \_\_\_\_\_  
Last First

## ROOMMATE MATCH

This questionnaire is essential in assigning roommates according to your preferences. Your roommate will be chosen based on the information you provide. It is important that you take your time and answer honestly when answering these questions:

Typically, when do you sleep at night?

Before 11 p.m.  Around midnight  After 1 a.m.

It is very important for you to have a roommate who is:

Very neat  Somewhat neat  Somewhat messy  Messy

How often do you listen to the radio/stereo/television in your room?

Almost never  Sometimes  Always

Can you study with music playing?

Yes  No

It is important for me to:

Study in my room or  Socialize in my room  
 Relax with a few friends or  Relax with many friends  
 Have an early, active morning or  Get a slow start on the day

Reflecting upon your habits, is there anything that would be helpful for us to know in assigning you a roommate?

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Do you have any allergies or medical concerns? Please use the space provided to explain any special needs or accommodations that you require.

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**Although we will make every effort to accommodate your request, we reserve the right to make all decisions about St. Joseph's College student housing at the Educational Housing Center at the St. George Residence.**

## HOUSING DEPOSIT

A \$500 deposit is required and must accompany this application. The deposit will be applied to the cost of the room. Make check payable to St. Joseph's College.

Note that dormitory availability is limited and will be filled on a first-come, first-served basis. We encourage you to submit this application and deposit to the Office of Admissions by April 30 for the fall semester and by January 3 for the spring semester.

**If you have any questions, please contact Grace Marie Varone at 718.399.1228 or gvarone@sjcn.edu.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*(if student is under 18 years of age)*