

University Suites Rental Application

Name of Applicant _____ Date _____

Birth date _____ College Major _____

I am a: Male Female Smoker Nonsmoker Freshman Sophomore Junior Senior
I prefer: 2 Bedroom, 2 1/2 bath 3 Bedroom, 3 bath 4 Bedroom, 4 bath Port Warwick

Current/School Address _____ City, State, Zip _____

Permanent Address _____ City, State, Zip _____

Current/Cell # _____ Permanent Phone No. _____

E-Mail Address: _____ Social Security No. _____

Present Employer: _____ Phone _____

Employer Address: _____ City, State, Zip _____

Parent/ Guardian Name(s): _____ Phone: _____

Parent/ Guardian Address: _____ City, State, Zip _____

Parent/ Guardian Employer: _____ Phone _____

Previous Rental History:

Name of Management Co./Landlord _____ Phone _____

Former Address _____ City, State, Zip _____

Please list requested roommates

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In case of emergency, notify _____ Phone _____

Nearest relative not living with you _____ Phone _____

(must be different from emergency contact)

I hereby state and represent that the information provided in this application is completed and accurate. I authorize University Suites, L.L.C to verify any and all information which may be required to evaluate this application. Applicant agrees to pay a \$25 nonrefundable application fee. A completed Parental Guaranty is required for individuals who do not qualify with sufficient income to rent the townhouse. I understand the rules and regulations are adopted for the benefit of all residents and proper operations of the community and I agree that the residence will be subject to them.

The undersigned applicant has read and agrees to all provisions of this application.

Applicant Signature _____ Date _____

“ Welcome to the Suite Life”
University Suites ~ Port Warwick Office
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757-599-3355 ~ Fax 757-599-3359
www.UniversitySuites.net