

Application



Seneca Dorms, UC.
4816 West Seneca Turnpike
Syracuse, NY 13215-2202

Phone/Fax: (315)-469-4512
Email: senecadorms@gmail.com
www.senecadorms.com

HOUSING APPLICATION

The application must be completed, signed and mailed/delivered to the Manager at: 4816 West Seneca Turnpike, Syracuse, NY 13215-2202.

| | | | |
|---|----------------------------------|--|-----------|
| 1. Student's Name: Last | First | MI | |
| 2. Student's Permanent Home Address: Street | City | State | Zip Code |
| 3. Home Phone Number: (Area Code & Number) | Cell Phone: (Area Code & Number: | 4. Date of Birth: | 5. Gender |
| 6. Full Name(s) and Address of Parent/Legal Guardian: | | | |
| 7. Emergency Contact Name: | Phone: | Relationship: | |
| 8. Which Room are you looking for: <input type="checkbox"/> Single Room: \$450 per month <input type="checkbox"/> Double/Shared room: \$400 per month | | | |
| 9. I am a: a. <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker Note: Residence Halls are non-smoking environments | | b. I prefer to live with a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> No Preference | |
| 10. Student's email address: | | | |
| 11. Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes (This will not necessarily deny your housing eligibility) What specific offense were you convicted of? _____ | | | |

Student's Full Name (please print): _____

Student's signature: _____

Parent/Legal Guardian's Signature: _____