



Summer Housing Application

Office Use Only

Received By: _____

Date Received: _____

Assigned Date: _____

Credits Summer I: _____

Credits Summer II: _____

Assignment: _____

Section A: Personal Information

Name: _____ ID#: _____
Last First MI

DOB: _____ Age: _____ Gender: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City/State/Zip

Section C: Emergency Closing Plan

In the case of an emergency in which the University would be forced to close and evacuate students, we ask residents to plan for such an event. The University would assist in finding temporary housing locations for students who live too far from family and/or friends to relocate.

Do you have an alternate place of residence in the proximity of the University where you can stay? Yes No

If yes, what is the address? _____

Will you accept a guest student? Yes No

Section D: Emergency Contact Info: Please list information for the person who you wish the university contact in case of an emergency.

Contact's Name: _____ Relation: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Section F: Please state the reason you are requesting summer housing.

Section B: Disability Services

Do you have any medical conditions which may affect your housing placement?

Yes NO

If you answered yes to the above question, you **MUST** contact **Disability Services Office** at **215-637-3231**. We cannot process your request for accommodations until we receive a written recommendation from the Disability Services Office, which requires proper medical documentation.

Section H: Insurance Information

Health Insurance is required for all resident students, either through their parent's, guardian's or their own Personal individual plan. Proof of insurance will be collected annually. Students are responsible for notifying Health Services and Residence Life if any changes or cancellations to their policy occur. Students will not be able to move in to housing if they fail to provide valid insurance information.

Name of Insured: _____ DOB: _____ Relationship to student: _____
Name of Employer: _____ Work Phone: _____
Address of Employer: _____ City: _____ State: _____ Zip: _____
Insurance Company: _____ Groups #: _____ ID#: _____
Ins Co Address: _____ Ins Co Phone: _____

Do you have additional insurance? YES NO If yes, complete the following:

Name of Insured: _____ DOB: _____ Relationship to student: _____
Name of Employer: _____ Work Phone: _____
Address off Employer: _____ City: _____ State: _____ Zip: _____
Insurance Company: _____ Groups #: _____ ID#: _____
Ins Co Address: _____ Ins Co Phone: _____

Section J: Confirming Information

My signature below indicates that I have completed this application truthfully and the I fully intend to enter housing as I have indicated above. I understand that any change in my academic progress or status at the University must be reported to the Office of Residence Life immediately.

Signature: _____

Date: _____

Section K : Important Summer Housing Dates

May 6 Residence Halls Close
May 15 Summer I Move In
May 16 Summer I Classes Begin
June 27 Summer I Classes End
June 28 Summer I only Residents Move Out
July 3 Summer II only students move in
July 5 Summer II Begins
August 15 Summer II Ends
August 16 All Summer Residents Move Out

Mail or Return Completed Applications to:

Holy Family University
Office of Residence Life CC-204
9801 Frankford Avenue
Philadelphia, PA 19114