



Holy Family
UNIVERSITY
PHILADELPHIA, PENNSYLVANIA

Housing Application '12-'13

Office Use Only

Received By: _____

Date Received: _____

Assigned Date: _____

Credits Completed: _____

Semesters on Campus: _____

Tier Assignment: _____

Section A: Personal Information

Name: _____ ID#: _____
Last First MI

DOB: _____ Age: _____ Gender: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City/State/Zip

Intended Major: _____

Section C: Meal Plan

Please select a Meal Plan.

- 19 Meal Plan (\$150 Dining Dollars)
- 15 Meal Plan (\$150 Dining Dollars)
- 10 Meal Plan (\$100 Dining Dollars)
- 5 Meal Plan (\$50 Dining Dollars)
- No Meal Plan

If the above section is left blank, a 15 meal plan will automatically be assigned and billed to the student. After the start of the academic year, changes to the meal plan can occur during the first two weeks of the semester. Please note any changes after the start of the academic year will result in a \$25 processing fee.

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 the **Disability Services Office** at **267-341-3231**. We cannot process your request for accommodations until we receive a written recommendation from the Disability Services Office, which requires proper medical documentation.

Section D: Roommate Preference

Please list the names of the students you intend to live with. **Please remember, in order to select housing during your appointment time, you must fill the room/apartment to capacity.**

Student #1 _____
 Student #2 _____
 Student #3 _____

Section E: Housing Preference

Please check the area you would prefer to live for the next semester. **Please remember, in order to select housing during your appointment time you must fill the room/apartment to capacity.**

- Garden Apartments (4)
- Duplex (3)
- Stevenson Lane Residence (1,2 or4)
- Saint Joseph Hall (1)

Section F: Emergency Contact Info

1) Contact's Name: _____

Relation: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

2) Contact's Name: _____

Relation: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Section G: 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 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 I: Important Information

To promote community, education and the resident experience, all traditional freshmen will be assigned to a freshman designated room in St. Joseph's Hall. Housing assignments are randomly assigned unless a specific roommate is requested. A successful roommate relationship is dependent on communication and an active attempt from both residents to compromise which Residence Life helps to develop in the first few weeks. Indicators such as academic major, sleeping habits and interests can determine differences and similarities however can not determine the success of the roommate relationship and/or predict any changes that will occur throughout the academic year. All other incoming student types will be placed considering availability along with their own unique experience.

Holy Family's goal is to have the same number of incoming students as we have beds available. When the number of incoming freshman exceeds the number of beds we still need to provide housing to everyone. One temporary measure the University takes is to assign some students into Extended Housing. In this case, the University will notify all residents prior to housing assignments to inform incoming residents.

Assignments and roommate information will be mailed the last week of July. In the event that a student is not assigned a roommate or the assigned roommate does not move in, the University reserves the right to assign students or consolidate rooms at any time. Single rooms will only be given at the request of the Disability Services Office.

- **Students will not be allowed to enter residence if they fail to complete the following items:**
- **Return a Student Housing Application**
- **Provide VALID Insurance Information**
- **Complete a Medical History Form (Sent separately through Health Services)**
- **Settle all billing and payments with the Business Office**

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: _____

**Late applicants will not be able to select housing until after all on time housing appointments are complete.
Student who can not fill a room/apartment to capacity will select housing after all appointments are complete.**

Mail or Return Completed Applications to:

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