

## **Application for Off-Campus Housing**

Student Name:	ID#:	
For Academic year: 20	20	
Permanent Home Address:		
City:	State:	Zip:
Requirements for Off-Campu	ıs Housing:	
<ul> <li>houses, or semeste</li> <li>Married</li> <li>Over the age of 22</li> <li>Be the primary guar</li> <li>Extreme medical co</li> </ul>		·
In any of these cases, permis	ssion must be obtained through the Office	of Residential Life
(and/or Student Accessibility	Services)	
Student Statement:		
<ul> <li>I understand I must reappl</li> <li>is no longer accurate (e.g., o</li> <li>I understand that if I am fo</li> </ul>	n I have given in this application is true an y for off-campus whenever the information change of address) and/or for each acader bund to be living off-campus and I have no ely charged room and board for the acader	n stated on this application mic year. nt received formal
Student Signature	Date _	

Applications are due March 1. Applications may be emailed to orl@iwu.edu