

KLUEGEL HOUSE

2669 Le Conte Avenue, Berkeley CA 94709

Tel: 209.481.8450

Email: rashad@kluegel-house.com

HOUSING APPLICATION

General Information

Last Name _____ First Name _____ Middle _____

Date of Birth _____ Gender _____ Cell No. _____

Email Address _____

Student ID _____ College Major(s) _____

Student Class Standing: Applying Freshman Sophomore Senior Graduate

Residency History

Home Address _____ City _____ State _____ Zip _____

Current Address _____ City _____ State _____ Zip _____

(if different than the home address)

Parent/Legal Guardian Contact Information (if applicant is not yet 21 years old)

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Work/Cell No _____ Email Address _____

Room Preferences : _____ , _____ , _____ , _____ .

Check All That Apply: (List all)

I am applying for housing for 12 months (one month **FREE**) 10 months academic year

Occupancy Preference: Single Double Triple. If not available, I will accept any: Yes No

I prefer going to sleep:	Before midnight.	After midnight.
I prefer getting up:	Before 9 a.m.	After 9 a.m.
I intend my room to be primarily for	Quiet study	Socializing.
Smoking is prohibited in the house. I	do	do not smoke.
Do you object to a roommate who smokes?	I object.	I don't object.
I prefer roommates who are	male. female.	either male or female.

How did you hear about us? friend, craigslist, poster, facebook, _____ other (Please specify)

I, the undersigned, affirm that all of the above statements are true and correct to the best of my knowledge, and hereby authorize verification of the above items including, but not limited to, obtaining a Financial Aid Report and/or a Credit Report. I give my consent to allow No Good Deed, L.L.C to disclose tenancy information to previous or subsequent landlords.

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date