



**Student Life Division  
Residence Life Department**

1717 S. Chestnut Ave.  
Fresno, CA, 93702-4709  
559-453-2073

<b>For office use only</b>	
Date received:	_____
\$200 Deposit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID #:	_____
Placement:	_____
Staff Initials:	_____

**Seminary Housing Application**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Last

First

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status :  Single  Married

MM DD YYYY

Names and Age of children that would be living with you:

Name of Spouse: \_\_\_\_\_

\_\_\_\_\_  
Name Age

Cell Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name Age

E-Mail: \_\_\_\_\_

Would you be willing to share an apartment with another student?  Yes  No

Do you have or are you trying to obtain a Student VISA?  Yes  No If yes, what is your home country? \_\_\_\_\_

Year and semester you would begin to need housing: \_\_\_\_\_ Tentative Date of Arrival \_\_\_\_\_

Please check which apartment you are applying for:

Mission Memorial Court Apartments (On Campus)

Ranchwood Apartments (Off Campus)

In the event of an emergency who would you like us to contact?

Please note any physical disabilities/medical conditions or if you need special housing arrangements.

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Relation to Student Alternative Phone Number

\_\_\_\_\_

\_\_\_\_\_

Please mail this application along with your \$200 deposit to:

Seminary Admissions Office  
1717 S. Chestnut Ave.  
Fresno, CA  
93702