

UNOH

Housing Questionnaire

Office Use Only

Dorm:

Date:

All sections of this form are **REQUIRED to be filled out for students planning to live On-Campus.**

Student Name					Student #						
Address				City			State			Zip	
Telephone #				Age			Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female

PLEASE CHECK YOUR START TERM (SPECIFIC TO YOUR COLLEGE):

College of Applied Technologies	<input type="checkbox"/>	January	<input type="checkbox"/>	February	<input type="checkbox"/>	March	<input type="checkbox"/>	May
	<input type="checkbox"/>	June	<input type="checkbox"/>	August	<input type="checkbox"/>	October	<input type="checkbox"/>	November
Colleges of Business, Health Professions, and Occupational Professions	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Winter	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer

EMERGENCY CONTACT INFORMATION IS RECOMMENDED FOR ALL STUDENTS LIVING IN ON-CAMPUS HOUSING. IF YOU ARE 17 YEARS OF AGE OR YOUNGER, THIS INFORMATION IS **REQUIRED**.

IN CASE OF EMERGENCY, CALL:

Name					Relationship					
Home Phone #				Cell #			Work #			

To secure on-campus housing, you must submit a non-refundable \$100 installment to be applied toward the first housing bill. If paying by check, please make it payable to: The University of Northwestern Ohio.

The following must be finished prior to any housing assignment being processed:

- Be accepted to the University of Northwestern Ohio
- Complete and return your Housing Questionnaire
- Fulfill your financial obligation for tuition and housing for the first session/quarter
- Be scheduled for classes

Housing Preference: Please rank in order of preference (1 being the highest)	<input type="checkbox"/>	Racers Village
	<input type="checkbox"/>	Sherwood Park
	<input type="checkbox"/>	Northwestern Park
	<input type="checkbox"/>	College Park

Roommate Information

- PLEASE READ CAREFULLY -

This form does not guarantee that all of your preferences/requests will be granted. This form allows us to best match you up with someone who shares common interests, values, or a similar schedule. The University reserves the right to make any and all final housing and roommate assignments during the year for the good of the resident or the residential community, or any other reason deemed appropriate by the University. It is in your best interest to answer these questions as honestly and completely as possible.

Roommate Request: If you wish to room with a friend, you both must request each other by name. Both students must apply and be accepted for admission to the University, complete all housing forms, pay the \$100 deposit, and have an academic schedule for the session or quarter before a room will be assigned.

Name of person/people with whom you wish to room:

PLEASE CHECKMARK THE ANSWER TO EACH OF THE FOLLOWING QUESTIONS:

I am a:	<input type="checkbox"/>	Non-Smoker	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Occasional Smoker		
I go to bed at:	<input type="checkbox"/>	10-11PM	<input type="checkbox"/>	12-1AM	<input type="checkbox"/>	2AM or later		
I am more active:	<input type="checkbox"/>	in the morning	<input type="checkbox"/>	in the evening				
I would describe myself as:	<input type="checkbox"/>	very neat	<input type="checkbox"/>	usually neat	<input type="checkbox"/>	messy		
I would describe myself as:	<input type="checkbox"/>	very quiet	<input type="checkbox"/>	fairly quiet	<input type="checkbox"/>	social	<input type="checkbox"/>	very social
Do you have any pet allergies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
What types of music do you enjoy:	<input type="checkbox"/>	Alternative	<input type="checkbox"/>	Classic Rock	<input type="checkbox"/>	Country	<input type="checkbox"/>	Jazz/R&B
	<input type="checkbox"/>	Dance/Hip Hop/Rap	<input type="checkbox"/>	Pop/Top 40	<input type="checkbox"/>	Hard Rock/Metal	<input type="checkbox"/>	Classical
I am:	<input type="checkbox"/>	National Guard	<input type="checkbox"/>	Reservist	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Not Applicable
I am interested in participating in the following activities:								
	<input type="checkbox"/>	Student Clubs	<input type="checkbox"/>	Christian Fellowship	<input type="checkbox"/>	Residential Life	<input type="checkbox"/>	Auto Clubs
	<input type="checkbox"/>	Intramural Sports						

Student Signature: _____ Date: _____

PLEASE RETURN TO: The University of Northwestern Ohio
Attn: New Student Services
1441 N. Cable Road
Lima, OH 45805