

2024-2025 Application/Contract for Family Housing

Family Housing is limited to students who are either married, in a civil union, domestic partnership, or have minor children. Family Housing contract holders must be students of SIUE.

I am requesting housing beginning: Summer 2024 Fall 2024 Spring 2025

Full Name:							
SIUE ID: 800							
Street Address:	Country:						
City:	S	State: Zip:					
Home Phone:	(Cell Phone:					
Personal E-mail Address:	SIUE E-mail Address:						
Birth Date (Mo/Date/Yr):	(Gender: 🗖 Male 🛛 Female	Transgender/Self-Identify				
College Academic Status (ci	ircle one): Freshmen Sophomor	re Junior Senior Grad	duate Other				
Do you need apartment to accommodate a physical disability? Yes No If yes, please describe need:							
Ethnic Origin (optional) Do you consider yourself Hispanic or Latino? Yes, I am Hispanic or Latino. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.							
In addition, please select one or more of the following racial categories that describe you. American Indian or Alaska Native Asian Black or African American							
□ Native Hawaiian or other Pacific Islander			Jack of Amount American				
	: A person having origins in any of the origin	nal peoples of the North and South A	merica (including Central				
	al affiliation or community attachment. any of the original peoples of the Far East. S	Southeast Asia, or the Indian subcon	tinent, including, for example:				
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.							
Black or African American: A pers addition to "Black or African Ame	on having origins in any of the black racial g	groups of Africa. Terms such as "Hait	ian" or "Negro" can be used in				
	Islander: A person having origins in any of t	he original peoples of Hawaii, Guam,	, Samoa, or other Pacific Islands.				
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.							
2024-2025 Family Housir	ng Costs						
-	costs will be released in spring 2024.						
**All residents pay Campus Ho	ousing Activity Fee (CHAF) each semest	er they live in Housing.					
Apartment Type	Summer (June 1 – July 31, 2024)	Fall (Aug 1 – Dec 31, 2024)	Spring (Jan 1 – May 31, 2025)				
2 bedroom, unfurnished	\$2,550	\$6,375	\$6,375				
2 bedroom, furnished	\$2,980	\$7,450	\$7,450				
3 bedroom, unfurnished	\$2,850	\$7,125	\$7,125				
3 bedroom, furnished	\$3,350	\$8,375	\$8,375				

Meal Plan Selection

CHAF**

Cougar Village residents are not required to purchase a meal plan. However, they are available. Fall 2023- Spring 2024 costs below are per semester.

\$15.50

Meal Plan A (\$1,885)
 Cougar Bucks (\$500)

Meal Plan B (\$2,240)
 Cougar Bucks (\$250)

\$12

Meal Plan C (\$2,605)
 Cougar Bucks (\$100)

None

\$15.50

Assignment Preference

There is a 2 child limit for a 2 bedroom apartment. A 3 bedroom apartment can accommodate a minimum of 2 children and maximum of 4 children. All requests, including furniture, are based on availability. If you select a furnished apartment, please note the difference in cost.

- 2 Bedroom Unfurnished
- 2 Bedroom Furnished (Must complete attached furniture request form.)
- □ 3 Bedroom Unfurnished
- □ 3 Bedroom Furnished (Must complete attached furniture request form.)

Family Members

Residents must provide proper documentation for all members of the household. This includes, but is not limited to, proof of marriage, birth certificates for each minor, and domestic partnership/civil union paperwork. Children over age 18 are not eligible to live in Family Housing.

Name(s) of Adult Resi	dent:					
Birth Date (Mo/Date/Yr):		Gender:	🗖 Male	Female		
Name(s) of Adult Resident:						
Birth Date (Mo/Date/Yr):		Gender:	🛛 Male	Female		
Please indicate your relationship with adult resident (if applicable):						
Marriage	Domestic Partnership		🖵 Civil U	Inion		
Name of Child:						
Name of Child:						
Birth Date (Mo/Date/Yr):		Gender:	🗖 Male	Female		
Name of Child:						
Birth Date (Mo/Date/Yr):		Gender:	🛛 Male	Female		
Name of Child:						
Birth Date (Mo/Date/Yr):		Gender:	Male	Female		
Name of Child:						

 Birth Date (Mo/Date/Yr):
 Gender:
 Image: Male
 Female

 Have you or any family member listed above ever been convicted of a crime including, but not limited to, a felony or

misdemeanor? 🗆 Yes 🛛 No

If yes, please provide conviction charges, dates, and police jurisdiction on a separate piece of paper.

SIUE agrees to provide housing for resident in accordance with Terms and Conditions of occupancy. Signature on this contract by the student constitutes acceptance. Student affirms that Terms and Conditions have been read and understood. The Terms and Conditions are a binding part of this contract. Student agrees to comply with all other rules of conduct now in effect or any that may be adopted by SIUE during the period of this contract. Student understands and agrees that this Housing Contract grants a license to student as a licensee for use of University Housing in accordance with the Terms and Conditions, does not constitute a lease, sublease, or transfer of any real estate interest, and does not create a landlord-tenant relationship. Acceptance of this offer requires completion of application/contract, including signature and payment of a non-refundable \$50 application fee, payment of a \$125 reservation deposit (which becomes a damage deposit when applicant becomes a resident of University Housing). Application/contract will not be accepted without the required \$175 payment.

Return this completed Application/Contract, along with the \$175 payment (*Make checks payable to SIUE*) to: SIUE BURSAR'S OFFICE BOX 1042

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE EDWARDSVILLE, IL 62026-1042

IMPORTANT: Be sure to read Family Housing Terms and Conditions carefully, particularly Section III concerning requests for cancellation. Only written requests will be honored.

Signature: _____

Date: _____

Parent/Guardian Signature (If applicant is under 18): _____