Housing Application for First-Year Students

First-Year students are guaranteed housing for Fall Quarter 2005 only if they return their completed housing application and $30 non-refundable fee to Housing Cashiers Office by May 2, 2005. First-Year students admitted between April 18 and May 18, 2005 are guaranteed university housing only if they return their housing application and fee to the Housing Cashiers Office by the stated deadline on the student’s admission notice.

**Personal Data**

<table>
<thead>
<tr>
<th>UCLA STUDENT ID NUMBER</th>
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</thead>
<tbody>
<tr>
<td>LAST NAME, FIRST NAME, MIDDLE NAME</td>
</tr>
<tr>
<td>HOME ADDRESS</td>
</tr>
<tr>
<td>CITY, STATE, ZIP</td>
</tr>
<tr>
<td>HOME PHONE</td>
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E-mail will be used for all housing-related correspondence, including but not limited to, offers and confirmation(s). Note that all on-campus residents are notified via e-mail of package delivery.

I wish to have copies of all e-mail correspondence sent to my parent or guardian.

☐ YES  ☐ NO

IF YES, PLEASE ENTER E-MAIL ADDRESS

Please indicate the quarter for which you are applying

☐ FALL 2005  ☐ WINTER 2006  ☐ SPRING 2006

**Housing Assignment Preference:** Indicate your housing assignment preference. This will determine how your assignment is made. **Select only one.**

☐ FACILITY/ROOM TYPE  ☐ ROOMMATE (list roommate(s) below)  ☐ THEME HOUSING

**Roommate Preferences:** To indicate your preference, fill in the complete name(s) and UCLA student ID number(s) of the students with whom you wish to live. All prospective roommates must request each other and be eligible for housing at the time assignments are made. Roommate matching is not guaranteed.

<table>
<thead>
<tr>
<th>ROOMMATE #1 (LAST NAME, FIRST NAME, MIDDLE INITIAL)</th>
<th>UCLA STUDENT ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOMMATE #2 (LAST NAME, FIRST NAME, MIDDLE INITIAL)</td>
<td>UCLA STUDENT ID NUMBER</td>
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</tbody>
</table>

**Theme Housing:**

Indicate the types of on-campus theme housing, if any to which you would most like to be assigned. Rank up to **THREE OPTIONS** in order of preference.

**THEMES**

☐ Academic Enhancement  ☐ Community Services  ☐ Fitness and Well-Being  ☐ Great Outdoors  ☐ Intercultural Experience  ☐ Opportunity in the Arts  ☐ Social Justice

**Students With Disabilities:** If you require special housing accommodations due to a disability, attach a letter to your application explaining your needs. This information will be kept confidential.
Personal Information

Lifestyle Preferences for Roommate Matching
(Read one for each question)

**SMOKING**
- [ ] (1) I do not smoke and I want to live with a nonsmoker.
- [ ] (2) I do not smoke but I will live with a smoker.
- [ ] (3) I smoke.

**DRINKING**
Do you prefer a roommate who does not drink alcohol?
- [ ] (1) Yes
- [ ] (2) No

**SLEEPING HABITS**
- [ ] (1) I prefer to go to sleep before 10 p.m.
- [ ] (2) I usually go to sleep between 10 p.m. and midnight.
- [ ] (3) I usually go to sleep after midnight.

**STUDY HABITS**
- [ ] (1) I cannot study while listening to music or watching TV.
- [ ] (2) I can occasionally study while listening to music or watching TV.
- [ ] (3) I prefer to study while listening to music or watching TV.

**NEATNESS**
I would describe my current bedroom as:
- [ ] (1) Neat
- [ ] (2) Somewhat Neat
- [ ] (3) Messy

Activities and Interests
Indicate which of the following are interesting to you. Check all that apply.
(Not used for roommate matching).

**COMMUNITY INVOLVEMENT**
- [ ] Blood Drives
- [ ] Facility Improvements
- [ ] Multicultural Programs
- [ ] Safety & Security Issues
- [ ] Student Government

**PERSONAL GROWTH**
- [ ] Arts
- [ ] Career Planning
- [ ] Dancing
- [ ] Drug & Alcohol Awareness
- [ ] Exercise
- [ ] Health Issues
- [ ] Music
- [ ] Nutrition & Fitness
- [ ] Theatre

**LEADERSHIP DEVELOPMENT**
- [ ] Leadership Skills Training
- [ ] Student Government

**ACADEMIC SUCCESS**
- [ ] Academic Goal Planning
- [ ] Faculty Involvement Programs
- [ ] Foreign Language Conversation Tables

Medical Information:
(If needed, feel free to attach additional description or documentation.)
Please describe any physical disabilities or other conditions which require special consideration with regard to your housing assignment:

Please list any allergies you have (i.e., dust, grass, milk, etc.):

Please note any other medical information of which we should be made aware:

Insurance Information:
Student’s Insurance Company: ________________________________
Subscriber Name: ________________________________
Policy Number: ________________________________

In Case Of Emergency:
Emergency Contact: ________________________________
Relationship: ________________________________
Emergency Work Phone: (_____ ) ________________________________ Ext.
Emergency Home Phone: (_____ ) ________________________________

PARKING INFORMATION:
University housing residents are not guaranteed parking.
Parking for University Apartments is assigned by a random priority number. If you are assigned parking, you will receive parking information when you receive your housing assignment and you will be billed for the additional cost.

If assigned to University Apartments, do you wish to request parking?
- [ ] Yes
- [ ] No

On-campus housing residents interested in applying for on-campus parking should visit the UCLA Parking Services home page at www.transportation.ucla.edu. Residents assigned to parking on-campus will be billed separately by Transportation Services.