JPLI - Housing Application:

Housing Assignment Application

2013 – 2014

JPLI Admissions Office: **Phone: (866) 735-3555 E-mail:ao@jpli.org**

Please complete and return this application together with the $1,200 ($1,100 **non-refundable** pre-payment, and $200 Security Deposit) for official processing for the Fall, Winter and Spring semesters by set deadlines (available online at http://www.jpli.org/study-in-the-united-states.html

Resident Information is to be filled out by the student only. Please PRINT clearly with black or blue ink when completing this form.

_____Gender: A. Male B. Female

Last Name: _____ First Name: _____ MI: _____

U Number: _____ Date of Birth: Month_____ Day _____ Year _____

Home or Permanent Address:

_____

_____

_____ _____ _____
City State Zip

Mailing Address (only if different from home or permanent):

_____

_____

_____ _____
City State Zip

Frequently used E-mail Address: _____ Major: _____

Frequently used Telephone #: ( ) _____ Cell Phone #: ( ) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home & Business Phone: ( ) _____ ( ) _____

Housing Assignment Status & Preference Section (WRITE THE APPROPRIATE LETTER ON THE LINE PROVIDED): Choices below are not guaranteed.

_____Will be living in residence hall: **A**. Spring I 2014 **B**. Spring II 2014 **C**. Spring I & II 2014

D. Summer I 2014 **E**. Summer II 2014 **F**. Fall I 2013

G. Fall II 2013 **H**. Fall I & II 2013 **I.** Winter 2014

_____Wish to live on the: **A**. NYC Campus **B**. (Nassau____ Suffolk___) Long Island Campus

_____ Student Status: **A**. Transfer Student **B**. ESL Student **C**. Continuing Student

_____ Study Habits: **A**. Without Music/TV on **B**. Without Music/TV on

_____ Smoking: **A**. Smoker **B**. Non-smoker

_____ Organization: **A**. Neat/Tidy person **B**. Messy/Sloppy person **C**. Mixture of both A & B

_____ Bedtime: **A**. Bed before 10 PM **B**. Bed before midnight **C**. Bed after midnight

Credit Card Authorization for $1,200.00 Pre-Payment and/or Deposit

Cardholder's Name: _____

Cardholder's Cell/Phone: _____

Credit Card Type: ____ Visa _____ American Express

____ Master Card _____ Discover

Card Number: _____

Expiration Date: _____ Total amount charge: _____

I authorize Pace University to charge the above credit card number for housing cost.

(Signature) _____

Office Use Only

Date Rec'd:_____ Check #:_____ Amount $:_____

Building: _____ Area: _____

Room #: _____ Ext: _____

Rate: _____ HD Entry: _____

Notes:

_____

_____