

**Office of Residence Life**

4200 Connecticut Ave. NW,  
Student Center, Rm. 126  
Washington, DC 20008

(202) 274-6360

[www.udc.edu/hoising](http://www.udc.edu/hoising)

[Housing@udc.edu](mailto:Housing@udc.edu)

**For Office Use Only**

Application Received: \_\_\_\_\_

Deposit Received : \_\_\_\_\_

**Student Info ONLY**

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M.I.) (MM/DD/YYYY)

Home Address: Street \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

UDC ID Number           Gender ☐ Male ☐ Female

**Agreement** ☐ Fall & Spring ☐ Spring Only  
**Term** (2016-2017) -2017

(Check One)

**University** ☐ Undergraduate ☐ Graduate ☐ Law School ☐ Community College  
**Status** (check one)

**Classification** ☐ Freshman- First ☐ Sophomore ☐ Senior ☐ Law  
Time in College  
☐ Freshman- Returning ☐ Junior ☐ Graduate ☐ Transfer (also specify year)

**Major** \_\_\_\_\_ **College** \_\_\_\_\_ (Ex. CAUSES)

**Financial Aid** ☐ I anticipate using financial aid ☐ I will establish a payment plan to  
to cover my housing cost cover my housing cost

**I am a:** ☐ New Applicant ☐ Returning Applicant

**Roomate/** Requested Roommate Name Requested Suitemate Name Requested Suitemate Name  
**Suitemate**  
**Request**

The University will attempt to honor roommate request when ALL students have indicated each other as roommates on the Housing application by June 1, 2016.

I request special housing consideration  
based upon a disability or health condition.

☐ No  
☐ Yes

I smoke cigarettes or cigars.

☐ No  
☐ Yes

Explain: \_\_\_\_\_

(Smoking is not permitted in any University buildings. When possible, non-smoking residents will be paired to accommodate personal and medical preferences)

When this University Housing Application is completed, signed and returned to the Office of Residence Life, with the accompanying non-refundable \$150 application fee, it establishes an interest in, and not a guarantee of, University housing. Once an offer of housing is made, your acceptance (by signature) of the University Housing Agreement establishes a legal, binding, academic-year-long agreement between the Student, parent or guardian (if applicable) and the University of the District of Columbia. If a student participates in the Housing Application process but does not receive an offer, his or her name will automatically be added to the Waitlist. The Office of Residence Life will refer to the Waitlist when a vacancy occurs. Students are not guaranteed housing by adding his or her name to the Waitlist. Students are asked to remove their name from the Waitlist if they are no longer interested in University housing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This calculator worksheet is intended to assist you in making decisions about whether university housing is an affordable option for you. Use it to determine the level of funding necessary to support your cost of attendance and university housing.

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# of Credit Hours Cost per credit hour Tuition

+ (add) other fees \$ \_\_\_\_\_

= Total Due (before housing) \$ \_\_\_\_\_

-(subtract) Financial Aid Award \$ \_\_\_\_\_

= Amount available to cover housing expenses \$ \_\_\_\_\_

If the figure above exceeds \$4,200 per semester, your Financial Aid award is sufficient to cover the cost of housing.

**If the figure above is a negative number, this represents unmet need. You may want to consider other funding options.**

TMS Payment Arrangement

(subject to terms set forth by the Office of Student Accounts) \$ \_\_\_\_\_

A Financial Aid Officer and/or Student Accounts representative must verify ability to pay before the Office of Residence Life processes the application.

**Housing offers are made on a first-come, first-serve basis once student has a completed application packet and deposit.**

**For University Use Only**

**Financial Aid**

Representative Name: \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Student Accounts**

Representative Name: \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_