Application for Housing

Academic Year 2019-2020

PACE | ELISABETH HAUB SCHOOL OF LAW

Office of Student Services & Residential Life
78 North Broadway, White Plains, NY 10603

Phone: (914) 422-4107 Fax: (914) 989-8792
Email: dannathall@law.pace.edu

Please note that submitting this application is only the first step in the housing process and does not guarantee you a room assignment. You will be notified if you have been assigned a space if/when one becomes available. Please complete and return this application to the Office of Student Services & Residential Life

Last Name: _____ First Name: _____MI: _____

U Number: _____ Date of Birth: _____

E-mail Address: _____ Cell Phone #: (____)_____

Home or Permanent Address:

_____

_____ _____ _____
City State Zip

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

_____

_____ _____ _____
City State Zip

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home & Cell/Business Phone: (____)_____ (____)_____

- **Housing Assignment Status & Preference Section (PLEASE CHECK THE BOX OF THE APPROPRIATE RESPONSE):** Room assignments are based on available space and your responses to the following questions. This, however, does not guarantee that you will receive a room assignment which meets your stated preferences. *Dannat Hall is a smoke free facility.*

☐ Law Student ☐ Graduate Student: Program _____

Room Preference: ☐ Large Single ($6,300/semester) ☐ Small Single ($5,120/semester)
There are **only 5** small single rooms in the building. If your preference is a small room, but one is not available, would you like to be placed in a large room?
☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Other _____

Confidential Information (*for our records only*) Please indicate any chronic illness/disability (i.e. diabetes, allergies, etc.):

_____

Credit Card Authorization for Pre-Payment and/or Deposit

Cardholder's Name: _____

Cardholder's Cell/Phone: _____

Credit Card Type:
____ Master Card _____ Discover
____ Visa _____ Amex

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: _____ Room:_____

Ext: _____ Mailbox:_____

Rate: _____ HD Entry: _____

Notes: _____

_____