

Residence Application – Pontchartrain Halls

Please complete and sign this application. Incomplete applications will not be accepted

Mailing address:

UNO Office of Student Housing
 Pontchartrain Hall North, Room 128
 2000 Lakeshore Drive New Orleans, LA 70148
www.housing.uno.edu
 Phone: 504-280-6402 Fax: 504-280-5584
 Email: studenthousing@uno.edu

Please see schedule of fees for complete information on all housing & meal plans. Please mail completed application along with check or money order (payable to UNO) for \$300, which includes a \$225 security deposit and a NON-REFUNDABLE \$75 application fee.

Please indicate the TERM for which you are applying.

___ Fall or ___ Spring semester lease 2011-2012 ___ 1 bdrm ___ 2 bdrm ___ 4 bdrm (97 sq. ft.) ___ 4 bdrm (90 sq. ft.)	Summer lease 2011 <i>(meal plan not required during summer)</i> ___ 1 bdrm ___ 2 bdrm ___ 4 bdrm (97 sq. ft.) ___ 4 bdrm (90 sq. ft.)
Academic year lease 2011-2012 ___ 1 bdrm ___ 2 bdrm ___ 4 bdrm (97 sq. ft.) ___ 4 bdrm (90 sq. ft.)	Full year lease 2011-2012 ___ 1 bdrm ___ 2 bdrm ___ 4 bdrm (97 sq. ft.) ___ 4 bdrm (90 sq. ft.)

Please indicate the MEAL plan for which you are applying.

A meal plan is required for all residents of Pontchartrain Halls. Residents may select from several plans. If no preference is stated, the applicant will be assigned the minimum plan of 10 meals per week.

- ___ 10 meals per week plus \$130 declining balance dollars-\$1,150
- ___ 12 meals per week plus \$155 declining balance dollars-\$1,265
- ___ 14 meals per week plus \$205 declining balance dollars-\$1,340
- ___ 16 meals per week plus \$105 declining balance dollars-\$1,315

Unspent declining balance portion only of each meal plan will rollover from the fall to the spring semester only.

Name

_____ Last First M.I.

Birthdate _____

Classification

Gender M F

- Freshman Sophomore Junior
 Senior Graduate Other

UNO Student ID # _____

Email address _____

Mailing address: _____
Street

Permanent Address _____
Street

_____ City State Zip

_____ City Street Zip

Home phone # (____) _____

Cell phone # (____) _____

Emergency contact : _____
Name Relationship Cell phone (____) _____

In the space below, please indicate any disability that would require special housing needs.

NOTE: Supplemental info describing disability based needs must be submitted with this application.

Please note: Your housing application is given priority based on the date that the application and fees are received. Admission to the University of New Orleans does not guarantee on-campus housing accommodations. Applicant must apply separately for housing. Accommodations cannot be guaranteed until applicant is officially accepted to the University of New Orleans and has a signed housing contract on file. ***I have been offered information regarding Privateer Place and choose to decline.***

Date: _____

Applicant signature _____

Preferred roommates/suitemates _____