

<u>FALL</u>
<u>SPRING</u>
<u>SUMMER</u>

**OFF CAMPUS HOUSING REQUEST FORM  
(Permanent Application)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

CWID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) Home Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Phone# (home) \_\_\_\_\_ (work) \_\_\_\_\_

High School Graduated from \_\_\_\_\_  
City/County-Parish/State \_\_\_\_\_

First Semester Attended ULM \_\_\_\_\_ Major \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Student's new local address if approved:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Local Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Living with \_\_\_\_\_ Relation \_\_\_\_\_

Have you previously applied/been approved to live off campus? Y N If so, when? \_\_\_\_\_

**IMPORTANT: PLEASE READ BELOW**

**THE UNDERSIGNED FULLY UNDERSTANDS THAT ANY ON CAMPUS APARTMENT LEASE WITH RESIDENTIAL LIFE SUPERSEDES AN APPROVAL BY THE OFFICE OF AUXILIARY ENTERPRISES AND/OR THE OFF CAMPUS HOUSING APPEALS COMMITTEE.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

- Basis for Exemption Request (Check One)**
- Parents' domicile (living with parents) or student owned property
  - Living with grandparent, brother or sister
  - Military Veteran (24 months active duty)
  - Transfer Student
  - Earned at least 75 credit hours
  - Married, divorced, or has a child
  - Significant medical condition (See Statement on back)
  - Out of High School at least 3 years
  - Financial Hardship

**A LETTER STATING REASON TO LIVE OFF CAMPUS  
MUST ACCOMPANY THIS APPLICATION**

**Comments:**

**PROPER DOCUMENTATION MUST BE PRESENTED AS INSTRUCTED BY THE OFFICE OF AUXILIARY ENTERPRISES.**

Students are responsible for contacting the Office of Residential Life/Housing and the Office of Auxiliary Enterprises in regard to the status of their application.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**POLICY STATEMENT REGARDING ALLERGIES:**

Allergies are not generally considered to be a severe medical condition. The ULM Residential Life personnel will assist students by providing compatible roommate/suitemate situations and special janitorial/maintenance assistance to assure a reasonably controlled environment. The students also may take the same special control measures in the residence hall as they would take in an off-campus residence. Based on these facts, we do not grant off-campus permission for allergies. The Housing Appeals Committee has previously ruled that students should first notify the Housing Office of their condition. Residential Life will then set up a maintenance program to provide a reasonable environment.

**HARDSHIP POLICY:**

1. Financial Hardship is defined as extenuating circumstances that would present a financial burden on a family (ex. death of primary provider, loss of employment, etc.). Living off campus because it is less expensive is not considered a financial hardship.
2. Submit documentation of your financial hardship.

The student seeking financial hardship exemption should submit the following documents:

1. Application to live Off-Campus
2. Copy of parent's income tax return for the last tax year.
3. Statement from an ULM Financial Aid Officer showing the student's aid status. (Student Aid Report may be substituted)
4. A notarized letter from the parents giving any significant hardship factors of a financial nature.

**DO NOT WRITE BELOW THIS LINE**

Date App. Rec'd \_\_\_\_\_ / \_\_\_\_\_ Date Applicant Notified of Decision \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Permanent exemption: do not need to reapply.

\_\_\_\_\_ Approved through \_\_\_\_\_ Semester. (Note expiration date. Must reapply for future exemption.)

\_\_\_\_\_ Approved to live with \_\_\_\_\_ only.

\_\_\_\_\_ Disapproved.

*Student may appeal in writing to the Housing Appeal Committee within 3 business days. An appointment will be scheduled when the Housing Appeal Committee is in session.*

\_\_\_\_\_  
**Off Campus Housing Officer**

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# UNIVERSITY OF LOUISIANA MONROE

## MEMORANDUM OF UNDERSTANDING

I have been informed by the Office of Auxiliary Enterprise of the possible consequences of being in non-compliance with the University's Housing Exemption Policy and other requirements as stated in the documents I turned in dated \_\_\_\_\_.

Further, I understand that I could be charged with a violation of the ULM Code of Student Conduct for:

- Making false statements
- Falsifying legal documents
- Falsification of school records

I understand that possible sanctions for these infractions may include, in isolation or in combination:

- Back rent and board to the University
- My registration may be blocked during future enrollment periods
- Possible dismissal from the University

Let my signature indicate my understanding and agreement with the terms of this contract.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
CWID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name