



# RESIDENCE HALL APPLICATION

RETURN THE COMPLETED APPLICATION TO:  
Residence Life Coordinator  
College of Southern Idaho  
PO Box 1238  
Twin Falls, ID 83303-1238  
(208) 732-6575

**\$100.00 MUST accompany this application in order to be processed.**

This Security Deposit is refundable upon proper check-out.

Make payment to: College of Southern Idaho.

Student ID Number \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Name \_\_\_\_\_ Male Female  
First Last Middle

Home Address \_\_\_\_\_  
Street or P.O. Box City State or Country Zip

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

Semester Date (i.e. Fall 06): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Personal Physical Limitations or Special Needs/Requests, Please Describe in Detail \_\_\_\_\_

ROOMMATE INFORMATION

Would you like the Residence Hall Staff to match you up with a roommate: Yes No

If **NO**, please provide the following information (this person must be currently living or applying to Eagle Hall):

Requested Roommate Name \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER INFORMATION

Are you receiving an Athletic Scholarship from the College of Southern Idaho: Yes No

If **YES**, which sport? \_\_\_\_\_

Cancellation of a room reservation must be requested in writing by July 1<sup>st</sup> for the fall semester and December 15<sup>th</sup> for the spring semester, otherwise the \$100.00 security deposit will be forfeited. Any property damages will be deducted from the security deposit.

**Your application WILL NOT BE PROCESSED unless it is fully and properly filled out!**

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

College Approval \_\_\_\_\_ Date \_\_\_\_\_