

Returning Tenant   
New Tenant

**Owned and Operated by:**  
Clarion University Foundation, Inc.

**Return Application to:**  
Office of Student Affairs, 117 Rhoades Center  
Clarion University – Venango  
1801 West First Street, Oil City, PA 16301  
814-676-6591, ext.1269

\$25.00 Application Fee for New Tenants

\*\*Make Checks payable to "Clarion University Foundation, Inc."\*\*

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_  
Sex: Male  Female

Permanent Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Marital Status: \_\_\_\_\_  
City State Zip Social Security # \_\_\_\_\_

Local Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
City State Zip \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First  
Parent/Guardian Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City State Zip \_\_\_\_\_

**Enrollment Information**

University Enrollment Status Full-Time (12+ Credits)   
(Check One) Part-Time (0-11 Credits)   
Major: \_\_\_\_\_  
Beginning Semester Fall 20   
Spring 20   
Summer 20   
Winter 20   
High School: \_\_\_\_\_

**Lease Preferences:**  
Academic Year   
Extended Academic Year

I am interested in the following Living-Learning Communities:  
Respiratory Care   
Medical Imaging   
Nursing

\*Priority consideration for leases executed by June 15.

**Roommate Preferences:**  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

The undersigned hereby offers to rent premises on terms and conditions described herein and upon acceptance of this application agrees to sign a rental or leasing agreement and to pay all sums due, including required fees or deposits. Application and Service fees are non-refundable. The undersigned warrants the above information is true and correct and authorizes verification of such.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Application Received: \_\_\_\_\_