

Collegiate Housing Services

Alternate Guarantor Application

Applications received within 30 days of requested move-in dates may be placed on a waiting list until housing accommodations are available. Apply early for best placement!

Make checks payable to: Collegiate Housing Services, Inc. ■ Mail to: CHS Processing Center, 5175 E. 65th Street, Indianapolis, IN 46220

INFORMATION ABOUT YOU

INTERNATIONAL STUDENTS: APPLICATION AVAILABLE ONLINE OR BY CALLING 1-800-U-MOVE-IN

First Name: Last Name:

ID Number: _____

INFORMATION ABOUT YOUR GUARANTOR *(Must be U.S. citizen/resident or higher deposit will apply)*

First Name: Last Name: Relationship to student: _____

Birth date: (mo.) (day) (year) S.S.N.: - - Email: _____

Address: City: State: Zip:

Phone (day): - - (evening): - - (cell): - -

Spouse First Name: Last Name:

Birth date: (mo.) (day) (year) S.S.N.: - - Email: _____

Landlord/Mortgage Co. Name: _____ How long lived there? _____

Guarantor Employer: _____ YEARLY INCOME: _____

Employer Phone: - - Date of Hire: (mo.) (year)

Spouse Employer: _____ YEARLY INCOME: _____

Employer Phone: - - Date of Hire: (mo.) (year)

THE GUARANTOR IS REQUIRED TO SIGN THE LEASE AND WILL BE RESPONSIBLE FOR ANY OUTSTANDING CHARGES (INCLUDING RENT) IF THE STUDENT IS UNABLE TO PAY.

I have included the additional deposit of \$250.00.

APPLICATION FEE: Each student is responsible for submitting the application fee with his or her application. The application fee is non-refundable! **HOUSING DEPOSIT:** Please send your deposit with the application and the application fee. Payment of the housing deposit locks in the current rate for your originally scheduled move-in date. Additional deposits may be required in some cases; ask your CHS representative for details. (See enclosed rate sheet for specific application fee and deposit amounts.)

**** WRITTEN NOTICE OF CANCELLATION MUST BE RECEIVED THIRTY (30) DAYS PRIOR TO MOVE-IN DATE IN ORDER TO RECEIVE A DEPOSIT REFUND. I HEREBY GIVE AUTHORIZATION FOR CREDIT AND CRIMINAL CHECKS, AND VERIFICATION OF EMPLOYMENT, A REQUIREMENT OF CHS AND OUR COMMUNITIES.**

Resident Signature: _____ Date: - -

Guarantor Signature: _____ Date: - -

CHS Representative: _____ Date: - -

