

**PACIFIC UNION COLLEGE  
COMMUNITY HOUSING WITH PARENTS APPLICATION**  
(Please Print)

**HOUSING POLICY**

If you are a single student living in the primary home of your parent(s), please complete this form and return it to the Office of Student Services.

**All information must be completed for processing:**

Date \_\_\_\_\_ ID \_\_\_\_\_ Quarter housing requested:  Fall  Spring  
 Winter  Summer  
Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First Middle  
Age \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ Years at PUC \_\_\_\_\_ Year:  FR  SO  JR  SR   
OTHER

Address _____			
Street	City	code	State & Zip
Telephone Number _____ Mailing Address _____			
	PO Box	code	City State & Zip

Is the above address your parent(s) primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list the primary residence address of your parent(s) below.

Address _____			
Street	City	code	State & Zip
Telephone Number _____ Mailing Address _____			
	PO Box	code	City State & Zip

Please list all members living at requested address

Name	Age	M / F	PUC Student
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N

For Office Use Only
<input type="checkbox"/> GPA _____
<input type="checkbox"/> Holds _____
_____
_____
_____
<input type="checkbox"/> Approved / <input type="checkbox"/> Denied
<input type="checkbox"/> Demographics
<input type="checkbox"/> Excel
<input type="checkbox"/> Letter Sent
<input type="checkbox"/> Copy to File

**Student Agreement**

If this application is approved, I agree to abide by College regulations while residing in off-campus housing and understand that approval of this request may be revoked if questions arise regarding any compliance with College regulations.

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

Return to: Pacific Union College  
Office of Student Services  
1 Angwin Avenue  
Angwin, CA 94508