

Date:

Off Campus Housing Request Form for Employee

This application is only applicable for **the permanent employee** at Claflin University. Please mark/fill the box that corresponds to your situation and complete the instructions in that section. This form must be completed and returned to the Auxiliary Service via email: apavel@claflin.edu. Please note that additional documentation may be required. Employee(s) should not sign a lease or make deposits until you have been approved for off campus housing.

Name (PRINT): _____ Claflin ID _____

Phone #: _____ Email: _____

Title Name: _____ Department Name: _____

I am interested and going to reside at the following address commencing on _____

Address: _____

City, St, Zip: _____

I am planning to live with my (Please check the options):

Spouse *Partner* *parent* *Child/Children* *Single*

- I agree to notify the Auxiliary Service immediately if the housing situation checked or address listed changes and realize that failure to do so may result in being charged full for the contracted period.
- I agree to notify the Auxiliary Service at least 1(one) month prior moving off or leaving the house and realize that failure to do so may result in being charged full for the contracted period.
- I agree, if the house is allowed for me to rent, I will be abide by a separate signed Lease Contract and will follow the terms and conditions stipulated there.

By signing below I signify that I have read this entire form and that all information provided is correct to the best of my knowledge.

Faculty/Staff's Signature _____ Date: _____

- **Requirement:** *The person needs to be Full Time Permanent Employee of Claflin University*