

Name \_\_\_\_\_

# IBCS HOUSING APPLICATION

DATE \_\_\_\_\_

**PERSONAL INFORMATION:** SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TITLE:  MS.  MRS.  SR.  FR.  REV/MR.  BR.  MR.  DR.

Male  Female

Permanent Mailing

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HOUSING INFORMATION:

IBCS CLASSIFICATION:  FACULTY  STAFF  STUDENT

IBCS PROGRAM:  Catechist  Degree  Leadership

Youth Ministry  Eldership  Taste/Institute  Other

Roommate Request (optional):  
\_\_\_\_\_

Medical Status: I need special housing accommodation:  NO  YES

Describe: \_\_\_\_\_

List all chronic ailments that the housing staff should be aware of:  
\_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## TRAVEL INFORMATION:

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

## APPLICANT SIGNATURE:

\_\_\_\_\_