

HAMPTON UNIVERSITY  
HAMPTON, VIRGINIA 23668

**RESIDENCE LIFE  
ON-CAMPUS HOUSING APPLICATION**

This application is being submitted for  August \_\_\_\_\_  January \_\_\_\_\_  Male  Female  
Year Year

Name \_\_\_\_\_  
Last First Middle

HUID# \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Major \_\_\_\_\_

Home Address \_\_\_\_\_  
# Street City/State Zip Code

E-mail address \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Hobbies/Special Interests \_\_\_\_\_

List any scholarships accepted: \_\_\_\_\_  
\_\_\_\_\_

Describe any conditions that require special attention: \_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been a resident student at Hampton University?  Yes  No  
If so, when? \_\_\_\_\_ Building Preference(s) 1st \_\_\_\_\_  
2nd \_\_\_\_\_

Room type preference:  Double  Single\*  
Do you have a choice of roommate?  Yes  No Name: \_\_\_\_\_

**Please think about your answers carefully and answer as accurately as possible.**

- \_\_\_\_\_ 1. While Residence Halls are smoke-free environments, due to allergies and strong personal preferences, please answer with care.  
a. I am a smoker.      b. I am a non-smoker.      c. I am a non-smoker, but willing to live with a smoker.
- \_\_\_\_\_ 2. How would you characterize the sleeping habits you would prefer your roommate to have?  
a. Prefer a "day person" (early to bed, early to rise).      b. Prefer a "night person" (late to bed, late to rise).
- \_\_\_\_\_ 3. Unlike your room at home, your residence hall room serves not only as a place to sleep, but as a living room and a place to entertain friends. How will your room look?  
a. Everything in its place most of the time.      b. Things will pile up until I get into a cleaning mood.
- \_\_\_\_\_ 4. Study locations vary (i.e., library, room). Which reflects your study plans?  
a. I plan to study several hours a day in my room.      b. I do not plan to study much in my room
- \_\_\_\_\_ 5. I prefer studying:  
a. With soft music      b. With the television or stereo on at any volume.      c. In a quiet area
- \_\_\_\_\_ 6. Some people need more privacy than others. How do you feel?  
a. I would prefer as much privacy as possible.      b. I would not mind visitors in my room at almost anytime.

**Check Current Status:**

Readmit       New Freshman       Transfer

**Return this application to the Dean of Men/Women using the self-mailer application on the reverse side of this form. Be sure to check to appropriate office on the envelope.**

**\*A limited number of singles are available and assigned on a first come-first served basis with respect to date of payment of advance deposit fees. There is an additional per semester fee for single accommodations.**

The above information is solicited in an effort to match student personalities as closely as possible. However, there may be circumstances where the availability of housing makes this impossible.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

----- **DO NOT WRITE BELOW THIS LINE** -----

Room Assignment \_\_\_\_\_ Room No. \_\_\_\_\_ Roommate \_\_\_\_\_

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STAMP
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**HAMPTON UNIVERSITY**

- Office of Dean of Men**
  - Office of Dean of Women**
- Hampton, VA 23668

*\*Please check appropriate box.*

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