

RESIDENT INFORMATION FORM

Address: _____ **Apt. #** _____

This information is for the sole use of the Renting Office and will not be given out to any other party.

IDENTIFICATION Full Legal Name: _____ Preferred/Nickname: _____

For Identification Purposes *only*: Male Female Other _____ Date of Birth: mm/dd/yy _____/_____/_____

For Damage Deposit Escrow Account: Are you a U. S. Citizen or Permanent Resident? Yes No

Do you have a Social Security Number? Yes No

HOW DID YOU PICK THIS APARTMENT?

How did you first find us? _____

What search terms did you use to look for housing? _____

What apt. features do you like best? _____ What other buildings did you consider? _____

Why did you choose this instead of another apt? _____

Did you find our web site and YouTube videos easy to use? How could we improve these to make it easier to navigate? _____

COLLEGE and PERSONAL INFORMATION Cornell Other: _____

Undergraduate Graduate Other, please explain: _____

When is your anticipated Graduation Date?

2022 2023 2024 2025 or later Other, please explain: _____

Major: _____ School: AAP A&S CALS ENG HA HE ILR JGSM LAW

Campus affiliations Greek: _____ Athletic Teams: _____

Clubs/Groups _____

Do you need to rent a parking space? Yes No Not sure

Permanent Home Address:

Street _____

City/State/Zip _____

Country (if not USA) _____

Cell Phone Number _____

Cornell e-mail: _____@cornell.edu Alternate e-mail: _____

Where do you live now?

Cornell Dorm or Local Address: _____

Permanent Home Address

Other: _____

EMERGENCY CONTACT/ LEASE GUARANTOR INFORMATION *(A Guarantor is required for all students)*

Preferred Parent Contact: Both Father Mother Other _____

FATHER Mr. Dr. Other _____

Name: _____

E-mail address: _____

Cell phone _____

Alternate phone _____

MOTHER Mrs. Ms. Dr. Other: _____

Name: _____

E-mail address: _____

Cell phone _____

Alternate phone _____

Address: Same as Home. OR _____

City/State/Zip _____

Country (if not USA) _____

Employer/Occupation: _____

Address: Same as Home. OR _____

City/State/Zip _____

Country (if not USA) _____

Employer/Occupation: _____

I understand that smoking is not permitted in the apartment or building and that fines will apply for smoking violations. Initials here: _____

I certify the above information is correct, as this **completed** form and ID copy are required by Article 1.1 of the

lease. Signature: _____ Date: _____