

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: _____ Chosen/Preferred Name: _____

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

Female Male Self-describe _____ Pronouns: _____

For Damage Deposit Escrow Account: _____ Do you have a Social Security Number? Yes No

Are you a U. S. Citizen or Permanent Resident? Yes No

HOW DID YOU CHOOSE 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? 2024 2025 2026 2027 Other: _____

College CALS AAP A&S SCJCB HA Dyson CIS COE HE ILR JGSM LAW

Major/School: _____ Campus affiliations Greek: _____

Athletic Teams: _____ Clubs/Groups _____

Do you plan to bring a vehicle to Ithaca? Yes No Not sure (*Parking is a separate fee and contract*)

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 Ms. Mrs. 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 of any kind is not permitted in the building and that fines will apply for violations.

I have provided my ID copy by email to collegetown@ithacarenting.com or in person at the office.

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: _____