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: Are you a U. S. Citizen or Permanent Resident? ☐Yes ☐No
Do you have a Social Security Number? ☐Yes ☐No
☐ *I have provided my ID copy by email to collegetown@ithacarenting.com or in person at the office.*

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? ☐2027 ☐2028 ☐2029 ☐2030 ☐ 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 _____

Where do you live now?
☐Cornell Dorm or Local Address: _____
☐ Permanent Home Address
☐ Other: _____

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

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

Preferred Parent Contact: ☐ Parent 1 ☐ Parent 2 ☐ Other/Both_____

PARENT 1 Relationship _____
☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other: _____
Name: _____
E-mail address: _____
Cell phone _____

Address: ☐ Same as Home. OR_____
City/State/Zip _____
Country (if not USA) _____
Employer/Occupation:_____

PARENT 2 Relationship _____
☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other: _____
Name: _____
E-mail address: _____
Cell phone _____

Address: ☐ Same as Home. OR_____
City/State/Zip _____
Country (if not USA) _____
Employer/Occupation:_____

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: _____