



Summer 2009
University of Southern Indiana
Internship Housing Agreement

Intern Information (Please Print in Blue or Black Ink)

Name Last First Middle SSN or DL. No.

Permanent Address Street Apartment No. City State Zip Code

Phone (Area Code) Phone Number (Area Code) Cell Phone Number

Internship Company/Organization

Email Address

Room Selection: Please indicate preference by placing a 1 for 1st preference & 2 for 2nd preference under the appropriate column to the right of your preferred living arrangement.

Table with 4 columns: Room Preferences, Rates, 1st, 2nd. Rows include On-Campus Apartments (Furnished) with 4 person and 2 person options.

Dates Needed for Housing: (May 11, 2009 earliest) through (August 7, 2009 by 4:30 PM latest)

TERMS & CONDITIONS

- 1. The University of Southern Indiana and the Department of Housing & Residence Life assume no liability for any personal possessions or property of any anyone staying in any on campus housing facility. Renter's insurance is strongly encouraged.
2. The University of Southern Indiana reserves the right to change internship housing assignments at any time; prior notice will be given whenever possible, but is not a prerequisite of making a housing assignment change.
3. A facility condition form will be provided showing the current condition of the facility. Exceptions should be noted on the form, and the guest must return the signed and completed form to the Housing & Residence Life Center within 48 hours.
4. Guests will be billed monthly and payment is required prior to the month the guest stays.
5. All guests agree to abide by all Housing & Residence Life policies, as outlined in the 2009-2010 Housing & Residence Life and Food Services Contract. A copy of this document is available on-line.
6. No extensions for move out will be given beyond August 7, 2009.

I understand that upon vacating the facility, I will leave the facility in good condition (clean and undamaged). I also understand that any damages caused to the apartment, equipment, or furniture is the responsibility of the guests and such charges will be added to my final bill. I hereby acknowledge adhering to the above stated policies.

Intern Signature Date Residence Life Authorized Signature Date

For Office Use Only: Assignment: Area Building Apartment Date In Date Out