

**Thank you for your interest in University Faculty Apartments. The information below and the University Faculty Apartments Web pages will help you complete your application.**

## **ABOUT THE APPLICATION PROCESS**

The date your application is received by the University Apartments Office will be used in determining your priority for an apartment. Eligible applicants are offered apartments according to the priority categories described in the University Faculty Apartments brochure. When we are able to offer you an apartment, we will notify you approximately 30 days in advance of the date it will become available. Submission of this application is not assurance of housing for the date requested. **You do not need to send a deposit at the time of application.**

You are responsible for keeping the University Apartments Office informed of any changes to the information (address, desired move-in date, employment status, family size, etc.) on your application. Failure to do so may result in cancellation of the application. If your plans change and you are no longer interested in an apartment with us, please notify us in writing immediately.

The waiting list for University Faculty Apartments is updated twice a year. While your application is still on file, you will receive a mailing asking to update your information. If we do not receive the update from you, we will assume that you are no longer interested in an apartment and will cancel your application.

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Use the following information to help you complete the application.

### **Section 1**

If you do not have a campus ID number yet, submission of your Social Security number is voluntary. It will be used only for internal identification.

### **Sections 2 and 4**

In order to be eligible to live in University Faculty Apartments, an applicant must hold a University of Wisconsin–Madison faculty appointment (professor, associate professor, or assistant professor) or full-time academic staff appointment. UW Hospital and Clinics residents, interns, and persons with a M.D. degree with a full-time research appointment are also eligible. Applicants are assigned according to their priority category and date of application (see “Apartment Assignment” section of the University Faculty Apartments brochure).

Notify the University Apartments Office within ten days of any change in your employment status, marital/domestic partner status, or number of dependent children or other legal dependents who will be residing with you so that your application can be updated.

### **Section 3**

#### **Apartment Size**

- One-bedroom apartments are assigned to single applicants, married couples, or domestic partners without children, and to families with one child or legal dependent. Occupancy is limited to three persons.

- Two-bedroom apartments are assigned to families with one or more legal dependents and to couples without children. Occupancy is limited to five persons.
- Three-bedroom apartments will be assigned to families with a minimum of four persons. Occupancy is limited to seven persons.
- If your family size should change prior to receiving an apartment offer, contact the University Apartments Office so that your records can be updated.

### **Section 4**

- Only members of an immediate family may reside in University Faculty Apartments. “Immediate family” is defined to mean dependent children, a spouse/domestic partner and dependent children, or other legal dependents.
- Roommates are not allowed.
- If your marital status should change prior to receiving an apartment offer, contact the University Apartments Office so that your records can be updated.

**AGAIN, THANK YOU FOR YOUR INTEREST IN UNIVERSITY FACULTY APARTMENTS. WE HOPE YOU’LL JOIN US!**



# Application for University Faculty Apartments

To apply, print this application, then complete and mail it to the University Apartments Office, 611 Eagle Heights, Madison, WI 53705-1501, U.S.A., or FAX it to 608/265-5302. You do not need to send a deposit at the time of application. Be sure to read the information that accompanies this application.

OFFICE USE: STAMP DATE  
RECEIVED HERE

**Please print clearly.**

## 1 Personal Information

Move-in date desired: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Campus ID Number                      Birth Date

\_\_\_\_\_  
Street                                      City                                      State/Country                      Zip Code

\_\_\_\_\_  
Home Phone Number                      Work Phone Number                      FAX number                      E-mail Address

Are you new to the University of Wisconsin–Madison?       Yes       No

Have you lived in UW–Madison housing before?       Yes       No      If yes, when? From \_\_\_\_\_ to \_\_\_\_\_

## 2 University Employment Status

Faculty               Academic Staff              Department \_\_\_\_\_

Title: \_\_\_\_\_

Please indicate who we can contact to confirm your appointment: Name \_\_\_\_\_

Department(s) or School \_\_\_\_\_                      Telephone \_\_\_\_\_

## 3 Apartment Preferences

Please rank in order your preference(s) for apartments (1=greatest preference). Only rank those apartments, which you would accept. When it is time to offer you an apartment, we will offer you whatever is available based in these preferences, as close to your preferred occupancy date as possible. Refer to the information on the other side to assist you in ranking apartments. **IF YOU DO NOT RANK YOUR PREFERENCES, YOU WILL BE OFFERED ANY SIZE APARTMENT FOR WHICH YOU ARE ELIGIBLE.**

**SIZE:**      \_\_\_\_\_ 1-bedroom                      \_\_\_\_\_ 2-bedroom townhouse  
                    \_\_\_\_\_ 1-bedroom (downstairs)                      \_\_\_\_\_ 3-bedroom townhouse (limited number)

## 4 Household Information

Name of spouse/domestic partner who will reside with you: \_\_\_\_\_                      Date of marriage/domestic partnership: \_\_\_\_\_

\_\_\_\_\_  
Last                      First                      Middle Initial                      Birth Date                      Campus ID Number (if applicable)

Names of children/dependents who will live with you at least 50% of the time:

_____ Last	_____ First	_____ Gender	_____ Birth Date	_____ Last	_____ First	_____ Gender	_____ Birth Date
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_____ Last	_____ First	_____ Gender	_____ Birth Date	_____ Last	_____ First	_____ Gender	_____ Birth Date
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