

# Application for NOBTS Student Housing (Families)

Requested move-in date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID #: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First First

Address: \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City, State, Zip)

Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

No. of Children: Male \_\_\_\_ Age(s) \_\_\_\_\_ Female \_\_\_\_ Age(s) \_\_\_\_\_

Southern Baptist: Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

Student Status: Previously Enrolled \_\_\_\_ Currently Enrolled \_\_\_\_ New Student \_\_\_\_

Degree Program: Undergraduate \_\_\_\_ Graduate \_\_\_\_ Doctoral \_\_\_\_

I would prefer: 1<sup>st</sup> floor \_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_

Is there anything else you would like us to know before we make your assignment?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**—PLEASE MAIL OR FAX THIS APPLICATION USING THE INFORMATION BELOW—**

<i>Office Use Only:</i>	
Date Received: ____/____/____	By: _____ App. Rec'd Letter sent: ____/____/____
Academic approval: _____	Business Office approval: _____
Assignment Date: ____/____/____	Assignment Letter sent: ____/____/____
Campus Address: _____	Campus Phone: _____
Conf. Fee Rec'd: ____/____/____	Amt. \$: _____ After Hours Arrival? Yes No
Date	Notes:
_____	_____
_____	_____
_____	_____

**Return to: NOBTS Housing 3939 Gentilly Blvd. Box 163, New Orleans, LA 70126 or Fax 504-816-8457  
 Phone 504-816-8595; e-mail [housing@nobts.edu](mailto:housing@nobts.edu)**