College Square Apartments
1994 SW 31st Ave. Ocala, FL 34474
Phone: 352-237-3334
Fax: 352-237-8864
Email: collsqre@cf.edu

Resident Matching Form

Please print and fill out with black/blue pen.

Name: _____ Birth Date: ____/____/____
(Last) (First) (MI) (Suffix) (mm/dd/yyyy)

Home Phone: _____ Cell Phone: _____ E-mail: _____
(Area Code) Number (Area Code) Number

Year in CFCC: _____ Program of Study/Major: _____

Present Address: _____
Street Apt.# City State ZIP Code

Will be at this Present Address until: _____

Permanent
Home Address: _____
Street Apt.# City State ZIP Code

Please indicate your personal preferences or considerations by checking what is applicable:

Smoke	__ Yes	__ No	__ Bothers me if others do
Drink	__ Yes	__ No	__ Bothers me if others do
Quiet	__ Very	__ Average	__ Noisy
Study	__ Often	__ Average	__ Seldom
Neat	__ Very	__ Average	__ Untidy
Room Temperature	__ Cool	__ Warm	

I have a __ Car __ Motorcycle __ Bicycle __ TV __ Stereo

Other considerations (hobbies, special interests, allergies, etc..

( ) Check if College Square has your permission to release information to prospective roommates.

If you have any roommates in mind, please list them:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

_____ _____
Applicant's Signature Date