

**Truman State University – Residence Life  
Request for Family Housing**

Complete this form and return to: **Truman State University  
Residence Life Office  
100 E Normal Ave.  
MH 1100  
Kirksville, MO 63501**

In addition to this form, please submit the required documents noted below and the \$150 housing deposit if you do not already have one on file.

Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Spouse is a Truman Student:**

Spouse Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Spouse is not a Truman Student:**

Name \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dependent Children To Be Living With You:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Reason for Request**

\_\_\_\_\_ Residing with spouse (Must provide notarized copy of marriage certificate)

Marriage Date: \_\_\_\_\_

\_\_\_\_\_ Residing with dependent child Must provide notarized copy of birth certificate(s))

*All documentation must be received 3 weeks prior to move in*

(If that is not possible please e-mail [reslife@truman.edu](mailto:reslife@truman.edu) to make alternative arrangements.)

Requesting Family housing For (please circle): Fall Spring Year \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Approved By \_\_\_\_\_ Apartment Placement \_\_\_\_\_

\_\_\_\_ All Documentation received