

Application for Faculty and Staff Housing
(Reference Operating Procedure 315.1)

TO: Vice Chancellor for Finance and Administration

FROM: Name _____ SSN _____

Current Address: _____

Current Phone No: () - _____

Where will applicant be employed?

Department _____

Position _____

When will you need housing? Begin _____ End _____

From where will applicant be paid?

- University of Arkansas at Monticello
- University of Arkansas Agriculture Experiment Station
- Other List: _____

NOTE: Children are not allowed to live in Jeter or the HHFA apartments. Funds for rent and the deposit must be received in advance before key(s) can be issued.

Name and signature of person completing application:

Name _____

Signature _____ Date _____

Please list other relevant information on back of form.

Received _____ Signature Approval _____

Date _____ Date Applicant Notified _____