

STAFF HOUSING APPLICATION



**Weimar
University**

20601 West Paoli Lane • P.O. Box 468 •
Weimar California 95736
(530)637-4111 • Fax (530)422-7908

Please Print

Date: _____

Housing for: ☐ Paid Employee ☐ Volunteer

Full Name:

First Middle Last

Email Address (____) Phone (____) 2nd Phone

Dependants that you having living with you (continue on separate sheet if required):

Spouse's name: _____

Does your spouse plan on working on campus? ☐ Yes ☐ No

Does your spouse plan on working off campus? ☐ Yes ☐ No

Child's name: _____ Date of Birth: _____

Academic needs: ☐ Home-school ☐ Academy ☐ College ☐ Other Weimar program ☐ Non-Weimar program: _____

Child's name: _____ Date of Birth: _____

Academic needs: ☐ Home-school ☐ Academy ☐ College ☐ Other Weimar program ☐ Non-Weimar program: _____

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Child's name: _____ Date of Birth: _____

Academic needs: ☐ Home-school ☐ Academy ☐ College ☐ Other Weimar program ☐ Non-Weimar program: _____

Other dependant: _____ Relationship: _____

Reason for living with you: _____

Date

Applicant's Signature