



# 2017-2018 APPLICATION FOR STUDENT HOUSING

Complete your application instantly online at [www.granvilletowers.com](http://www.granvilletowers.com)

## GT RESIDENT

- New Resident  
 Returning Resident

## LEASE TERM

- Fall '17-Spring '18  
 Spring '18

## ROOM TYPE

- Traditional Double Room  
 Traditional Single Room  
 The Carolinian  
 The Franklin  
 The Rameses  
 The GranView

## PAYMENT PLAN

- 2 Semester Installments  
 9 Monthly Installments

## MEAL PLAN

- 14 Meals Per Week  
 Unlimited Meals  
 120 Block Meals per Semester

## PERSONAL INFORMATION (please use legal name as it appears on birth certificate)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

## GENERAL INFORMATION

College Enrollment:  New Student  Transfer  Continuing Student Expected Graduation Date: \_\_\_\_\_  
UNC PID: \_\_\_\_\_ Classification at Time of Move-in:  Fr  Soph.  Jr.  Sr.  Grad  
High School Attended: \_\_\_\_\_ H.S. Graduation Date: \_\_\_\_\_  
I heard about Granville Towers from: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Emergency Contact Other than Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## CREDIT CARD INFORMATION (to be completed by new residents only) \$25 Service Fee and \$25 Application Fee (\$50 TOTAL)

Name on Card: \_\_\_\_\_ Card Type:  Discover  Mastercard  Visa + (3 digit code)  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Billing Address (if different from home address): \_\_\_\_\_ City: \_\_\_\_\_ State, ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.