

STUDENT HOUSING LICENSE AGREEMENT 2008-2009 – Part I

Cal Poly Pomona Foundation, Inc.
 Foundation Housing Service - University Village Apartments



(Please Type or Print Clearly)

This License Agreement is entered into between the Cal Poly Pomona Foundation, Inc., hereinafter called "Foundation", and the individual whose name appears below, hereinafter called "Licensee/Resident".

Last Name _____ First Name _____

Bronco ID# _____ Birth Date _____

Permanent Address _____ City/State/Zip _____

Cell Phone (____) _____ - _____ Home/Permanent Phone (____) _____ - _____

CPP Email _____ @csupomona.edu

Gender: Male Female

LICENSE PERIOD (Check all that apply):

Summer 2008

___ New & Returning Residents: 6/22/08-9/6/08

___ Current Residents: 6/15/08-9/6/08

Academic Year 2008-2009

___ New & Returning Residents: 9/23/08-6/13/09

___ Current Residents: 9/7/08-6/13/09

In consideration for the right to occupy an assigned bed space within the housing facility at the Foundation, Licensee hereby agrees to make payments to the Foundation in accordance with the enclosed payment plan. In order for your license agreement to be qualified, you must provide documentation confirming that you meet all residency requirements.

By signing below, Licensee agrees to adhere to the terms and conditions set forth in the Student Housing License agreement Part I and Part II. I (we) have reviewed the on-line copy of Part II of the License Agreement available at (www.cppvillage.com).

 Licensee Signature Date

 Parent/Guardian Signature Date
 (Required for Licensee under 18 years old)

Emergency Contact Person

In case of emergency, Licensees are required to provide Licensor with contact information for a person who will **ALWAYS** know how to contact the Licensee. Please print Name, Address, Phone (permanent & cell), Relationship to Licensee, and Email (if available) of a person who's contact information is unlikely to change during the license period and who will **ALWAYS** know how to contact you.

Name _____

Address _____

Relationship to Licensee _____

Permanent Phone # _____

Cell Phone # _____

Email Address _____

FOR OFFICE USE ONLY

Received By: _____
 Staff Signature Date

RESIDENT STATUS	-	CURRENT _____	RETURNER _____	NEW _____
SUMMER ASSIGNMENT	-	BUILDING _____	APARTMENT _____	ROOM _____
ACADEMIC ASSIGNMENT	-	BUILDING _____	APARTMENT _____	ROOM _____