



Advertisement Form

**Residence Life
Off Campus Housing**

Date: _____

**Owner
Information**

Name: _____
Phone: _____
Email: _____
Town: _____

**Apartment
Information**

Address: _____
Rent/Deposit: _____
Utilities: _____
Bedrooms: _____
Living/Dining: _____
Kitchen: _____

Room Layout

Additional: _____
Appliances: _____
Furniture: _____

**Check All That
Apply**

Parking
Laundry Facility
AC/Heat
Cable Ready
Phone Ready

Pets Allowed
Internet Ready
Family/Couples Allowed
Gender Preference: _____

Comments:

Forward your information for posting in our office and our listing. You may be contacted every couple of weeks for an availability update. Please notify us of any changes. Thank you.