



**Shepherd Apartment  
APPLICATION**

**Return to:**  
**8700 NW River Park Drive**  
**Box 16**  
**Parkville, MO 64152**  
**Fax: 816-505-5456**  
**Email: eric.blair@park.edu**

PLEASE NOTE: Only full-time undergraduate students who are married or living with dependents are eligible for residency in the Shepherd Apartments.

I am applying for an apartment beginning: (Check only one.)

Fall Semester	_____	Mid August	20_____
Spring Semester	_____	January	20_____
Summer Semester	_____	June	20_____

Check the appropriate categories:

If claiming married, married with children, or single parent, children and spouse must begin residence in the apartment the day of the check-in.

- \_\_\_\_\_ Married
- \_\_\_\_\_ Married with children\*
- \_\_\_\_\_ Single parent with children\*
- \_\_\_\_\_ Faculty
- \_\_\_\_\_ Staff
- \_\_\_\_\_ Full time Graduate Student

\* If you have children, how many will be residing in the apartment with you? \_\_\_\_\_

Name of Primary Tenant (Last, First) \_\_\_\_\_

Park ID # (Required) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: \_\_\_\_ Current Full time Grad student \_\_\_\_ Prospective Full time Grad student  
\_\_\_\_ Current Full-time Park University employee \_\_\_\_ Married Full time student

Name of Secondary Tenant (Last, First) \_\_\_\_\_

Park ID # (Required if student or Park University employee) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: \_\_\_\_ Current Full time student \_\_\_\_ Prospective Full time student  
\_\_\_\_ Current Part-time student \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Current Full-time Park University employee

Date of Marriage (Copy of Marriage Certificate required no later than at the time of check-in.) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child (Copy of Birth Certificate required with application) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child (Copy of Birth Certificate required with application.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address (If available.) \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Please indicate if any special accommodations are needed due to a disability \_\_\_\_\_

Check one bedroom OR two bedroom option. There is only one, one bedroom apartment.  
Prioritize your options by placing a 1 on the line of the option you most want and a 2 on the line of the option  
you also wish to be considered for.

\_\_\_\_ One bedroom      \_\_\_\_ Two bedroom

Please initial all that apply.

\_\_\_\_\_  
Initial

I hereby certify that my principle reason for moving to Parkville, MO, is to attend Park University.

\_\_\_\_\_  
Initial

I hereby certify that I will be enrolled as a full-time student meeting the hour requirements listed below starting the semester that I am applying to move in to Shepard.

Minimum 12 hours (Undergraduate) during the Fall and Spring Semester.

Minimum 6 hours (Graduate) during the Fall and Spring Semester.

\_\_\_\_\_  
Initial

I hereby certify that I am a full-time employee of Park University. I understand that if my employment status drops below full-time that my lease will terminate at a maximum of 45 calendar days from my last date of employment.

\_\_\_\_\_  
Initial

I understand that my residence is contingent on my ability to maintain a full-time status. I understand that I must have the approval of the Residence Life Office before dropping under full-time status. I also understand that my lease will terminate at the end of the semester in which I am no longer recognized by the University as a full-time student.

\_\_\_\_\_  
Initial

I understand that I, as an applicant, am required to provide the Residence Life Office with the correct address should my address change. I also understand that the office is not responsible for lost/misdirected mail.

\_\_\_\_\_  
Initial

I understand that rent will begin, if an apartment is assigned, on the date that I acquire apartment keys.

\_\_\_\_\_  
Initial

I understand that the rental rates may change without any notice before receiving an apartment.

\_\_\_\_\_  
Initial

I understand that the apartment location and number will not be released until the time of check-in.

\_\_\_\_\_  
Initial

I understand that to hold an assigned apartment the complete deposit is due in the Residence Life Office by the deadline stated in the assignment letter. I also understand that canceling the apartment after paying the deposit, will result in a \$100.00 penalty deducted from the deposit.

\_\_\_\_\_  
Initial

I understand that the Residence Life Office does not accept payments from the Kansas City Housing Authority.

"I hereby state that the information I have provided is correct. I also understand and agree to all the above conditions. Furthermore, I understand that providing false information will result in the cancellation of my application. I have no objection to inquiries about the above information for purposes of verification and agree that an assignment made on the basis of false information will be canceled."

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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For Office use only:

Date reviewed \_\_/\_\_/\_\_ By \_\_\_\_\_

Status:      Wait listed      Accepted      Declined

Date entered \_\_/\_\_/\_\_ By \_\_\_\_\_