

ANNUAL HOUSING APPLICATION

Alder Inn

1072 Ski run Blvd
South Lake Tahoe Ca. 96150
530 541-6970 office
530 541-4816 fax

NAME _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Social Security # _____
Home

_____ D.O.B. _____
Cell

Gender _____ Vehicle Make & Model _____

Vehicle License _____ Vehicle Color _____

Applying For: Check One ___ Academic Year ___ Fall ___ Winter ___ Spring

Do you have a preferred roommate _____

Name _____
Musical Preferences _____

Sleeping Habits check one:
___ In bed before midnight
___ In bed after midnight
___ Early riser
___ Late sleeper

Roommate Preferences

Cleanliness:
___ Neat and clean
___ Messy
___ Does not matter

___ Athletic
___ Outgoing
___ Quiet
___ Other _____

Study Habits
___ Quiet atmosphere
___ In my room
___ With music

Other Interest or activities

The signing of this license obligates the RESIDENT for the method of payment selected and the length of stay. NO space will be reserved until the application and payment method is completed. You may pay by check or by calling the housing office with credit card payment.

The RESIDENT will promptly vacate the premises upon expiration of the school year or quarter they are attending. The RESIDENT will leave the premises in a neat, clean, undamaged condition, normal wear accepted. If the RESIDENT fails to do so they will be charged for the cost of restoring the room to that condition. Departure from the Inn must be formalized by checking out with the resident manager at the agreed upon date and time.

Payment Method: _____

Full Year
Quarterly Payment
Monthly Payment

Date: _____

Resident's Signature: _____

Parent/Guardian: _____

Resident Manager: _____