Valley City State University
Application for Student Family Housing

Today’s Date _______________________

Renter Information
Name _______________________________________________
Address ______________________________________________
City/State ____________________________ Zip Code ____________
NAID# ___________________ Telephone # _____________________

When do you desire this unit? ________________________________

Name & age of children ___________________________________

Student Status
Single Parent: Full Time ☐Yes ☐No
Year in School: ☐Freshman ☐Sophomore ☐Junior ☐Senior
Tentative Date of Completion: ________________________________

Husband: Full Time ☐Yes ☐No
Year in School: ☐Freshman ☐Sophomore ☐Junior ☐Senior
Tentative Date of Completion: ________________________________

Wife: Full Time ☐Yes ☐No
Year in School: ☐Freshman ☐Sophomore ☐Junior ☐Senior
Tentative Date of Completion: ________________________________

Deposit $75.00 deposit is required when contract is signed.

Return To VCSU Housing Office
230 Viking Dr. SW
Valley City, ND  58072