

Rental Application

Southwestern Medical Park Apartments

****Application must be accompanied by a \$25.00 check or money order made payable to *Med Park Apartments* in order to be placed in the queue for an apartment.**

Submission of application does not guarantee an apartment.

The undersigned is applying to occupy a unit in Southwestern Medical Park Apartments (the "Apartments") at The University of Texas Southwestern Medical Center at Dallas (the "University").

Name: _____

Current Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone Number: ____/____/____ Preferred Email Address: _____

UT Southwestern Email Address: _____

Total Number of Requested Occupants: _____

Name(s) of Additional Occupant(s): _____

Preferred Move-in Date: ____/____/____

(**Note: No move-in dates can be before 6/15 or after 8/1. Please call for availability outside of these dates: 214-956-9300.)

UT Southwestern Designation:

Medical Student

Health Professional Student

Graduate Student

MSTP Student

Anticipated Graduation Date: ____/____/____

Preferences:

Number of Bedrooms: One Bedroom Two Bedrooms

Floorplan (Rate from 1 – Most Desired to 2/3 – Least Desired One OR Two Bedroom only):

A-1 _____ A-2 _____ A-3 _____ B-1 _____ B-2 _____

Floor Level (Rate from 1 – Most Desired to 3 – Least Desired):

(*Note: There are no elevators.)

First Floor _____ Second Floor _____ Third Floor _____

Do you need a roommate? Yes No

If so, may we share your email? Yes No

Office Use Only

Apt.#: Date Assigned: ____/____/____ Deposit Received Date: ____/____/____

Application Terms

- 1) A \$25 **non-refundable** application fee is required with the submission of a Rental Application Form for your name to be placed in the queue for an apartment. Once an apartment has been assigned to you, you will be notified via email, and you will have 48 hours to submit a \$150 application deposit and a \$50 **non-refundable** administrative fee. If the fees are not received within 48 hours, the apartment assignment will be forfeited. Upon move-in, the application deposit will become your \$150 security deposit. If you cancel your apartment assignment after the aforementioned 48-hour period, you will forfeit the \$150 deposit.
- 2) To apply for housing in the Southwestern Medical Park Apartments you must complete a Rental Application Form and submit your \$25.00 non-refundable application fee to:

Southwestern Medical Park Apartments
C/O Leasing Office Admin
6401 Maple Avenue
Dallas, TX 75235-5505

- 3) To be eligible to reside at Southwestern Medical Park Apartments, residents must always maintain a current student affiliation with the University during occupancy.
- 4) Residents must file a "Notice to Vacate" form with apartment management no later than ninety days (90) prior to the anticipated move-out date.
- 5) All leases will expire on May 31st of the current year. Current residents will have the option to extend until July 10th of the same year, as needed.
- 6) If a resident is suspended or expelled by the University, a "Notice to Vacate" form must be submitted no later than 24 hours following exhaustion of the appeal process. A resident who withdraws or resigns from the University must also submit a "Notice to Vacate" form and vacate the community within 60 days of withdrawal or resignation.
- 7) Unit assignment is processed on a first-come, first-serve basis after a Rental Application Form and complete deposit have been received. The University reserves the right to make changes in housing priorities and procedures as deemed necessary by the University. Changes will become effective whenever the appropriate University officers so determine and may apply to both prospective and current residents.

I understand this Application does not guarantee me a right to lease or to renew a lease, and that the right to lease and reside in Southwestern Medical Park Apartments will be based on the University's housing priorities and apartment unit availability.

Applicant's Signature

____/____/_____
Date Signed

Printed Name

Privacy Notice

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

1. With a few exceptions, you are entitled on your request to be informed about the information The University of Texas Southwestern Medical Center at Dallas collects about you.
2. Under Sections 552.021 and 552.023 of the Texas Government Code, you entitled to received and review the information; and
3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Southwestern Medical Center at Dallas correct information about you that is held by The University of Texas Southwestern Medical Center at Dallas and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, Texas Public Information Act.

The information that The University of Texas Southwestern Medical Center at Dallas collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

By signing below, I agree that I have read and understand the Privacy Notice.

Applicant's Signature

____/____/_____
Date Signed

This form must accompany the Rental Application.