

# Southwestern Medical Park Apartments

## APPLICATION AND CONTRACT FOR SHORT-TERM (TEMPORARY) HOUSING

By completing this form and signing below, I request and contract for accommodations at Southwestern Medical Park Apartments. My purpose for staying is to \_\_\_\_\_

**I acknowledge and will honor the following terms of this application:**

1. I understand that the housing fee is \$\_\_\_\_\_ per day/week, and that I must make full payment of the fee for my stay (in U.S. dollars) at time of check-in.
2. I understand that housing fees are non-refundable.
3. I understand that I may be charged \$30.00 per key and \$50 per gate clicker that I fail to return.
4. I understand that I am responsible for the physical condition of my assigned apartment while I reside at the Southwestern Medical Park Apartments and that I may be charged a damage or cleaning fee if the apartment is not left in the condition in which I found it.
5. **I understand that receipt of this application by the Leasing Office or the University does not guarantee an apartment, and that I will receive further confirmation from the Leasing Office or the University.**
6. I understand that, once accepted, the Leasing Office or University has no obligation to extend my stay beyond the departure date noted below.
7. I understand that, upon arrival, I shall pick up my key packet from the guard at the Southwestern Medical Park Apartments or from the University.
8. I understand that **smoking is prohibited** on the property, and the use of **halogen lamps, portable heaters and candles is not allowed.**
9. I agree that UT Southwestern shall not be liable for loss, theft, or damage to my property while I reside in the apartment.
10. I agree to read and observe the policies as set forth in the Handbook for Residents of Southwestern Medical Park Apartments, which shall be provided to me in my key packet upon check-in.

**Please complete the following information:** *(please print or type)*

Name \_\_\_\_\_

Other Occupants \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Passport Number (Foreign citizen) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I am currently, or plan to be, enrolled in (list school or department) \_\_\_\_\_

and my UT Southwestern studies will be with Dr./Prof. \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this application to:**  
**Property Manager, Southwestern Medical Park Apartments**  
**6401 Maple Ave.**  
**Dallas, TX 75235**  
**Phone: (214) 956-9300**  
**Fax: (214) 358-1962**