ADA Room—Non-Retainable Agreement

By signing this form, I understand the following:

- I have been notified that my current or upcoming room assignment __________________________ is a designated ADA (American’s with Disabilities Act) room that is designated for students with special needs.

- I am permitted to retain or select this room at this current time, but understand that at any time I may be re-assigned to a new space elsewhere in the university housing system in order to accommodate a student with special needs or at the sole discretion of Housing Services. My new housing assignment will be based on available spaces at that time.

- This room is not retainable during Room Selection __________.

Gender Inclusive Housing—Financial Responsibility Agreement

(The Gender Inclusive Housing option available only in Fairfax, Neville, Shady Oak, Shirley, Clyde House, and Webster Apartments.)

By signing this form, I acknowledge that I am selecting an apartment that will be designated as Gender Inclusive, which means that other residents of the opposite gender are selecting this space with me.

I understand that selecting a Gender Inclusive housing assignments comes with significant financial responsibility. I understand that if one of my roommates leaves the university, cancels his or her contract, or chooses to move to a different space within university housing, I/we am/are responsible for pulling-in a roommate to fill the vacancy. If we do not fill the vacancy with a pull-in, I, and any remaining roommates, am/are responsible for the full cost of that vacant space. In the event that the remaining residents are both of the same gender, we can opt to have the apartment converted back to a single-gender apartment and Housing Services will assign a new roommate to the vacancy.

I understand that under no circumstances will Housing Services assign a roommate to an apartment that is designated as Gender Inclusive—these vacancies can only be filled by pull-ins.

__________________________________________________________  
Resident Signature  

__________________________________________________________  
Date

__________________________________________________________  
Housing Services Representative Signature  

__________________________________________________________  
Date