

Roger Williams University

Department of Student Life
Off Campus Rental Information Form



Contact Information:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Rental Information:

Type (circle): House Cottage Studio Apartment Room in my Home

Rental Address: _____ City: _____ State: _____ Zip: _____

of Tenants Wanted: _____ # of Bedrooms Available: _____ # of Rooms: _____

Dates Available: ___/___/___ to ___/___/___ Rental Period (circle): Year round School Academic Year

Cost to Tenant(s): \$ _____ weekly/monthly (circle) per person or for entire unit (circle)

<i>Type of payment</i>	Yes	No	<i>Type of payment</i>	Yes	No
Lease			Security Deposit		
Key Deposit			First Month's Rent		
			Last Month's Rent		

Acceptable Tenants:		Rental Includes:			
Undergraduate Students		Heat		Cable	Air Conditioning
Graduate/Law Students		Gas/Oil		Washer/Dryer	Off Street Parking
Faculty/Staff		Electric		Telephone	
Smokers		Refrigerator		Handicap access	
Pets		Stove		Furniture	

For Rooms in homes only:

Private Bath		Kitchen Privileges		Private Entrance	
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Comments: _____

Agreement

I agree to rent the aforementioned facility in accordance with all applicable state and federal laws. I authorize Roger Williams University to publish information regarding this listing, including on its Internet website.

Signature: _____ Date: _____

Landlords/rental agents provide this information on a voluntary basis. Roger Williams University does not assume responsibility for verifying any facts provided; nor is Roger Williams University responsible for inspecting the rental units. All rental agreements are the responsibility of the students(s) and the landlord/rental agent.