TEMPORARY HOUSING APARTMENTS
FOR VISITING RESEARCHERS/SCHOLARS/ARTISTS

APPLICATION FOR SPACE ASSIGNMENT

(To be completed by the sponsoring academic unit) Date______

Sponsoring Academic Unit__________________________________________
Contact Person in Academic Unit_________________________ Phone______
Name (Including Title) of Prospective Tenant__________________________________________
Address___________________________________________________________

___________________________________________________________

___________________________________________________________

Email __________________________________________________________
Rental Period: From ____________________ to ____________________
Number of children_____ Age(s)____
Visa Status____________

Please write the numbers 1, 2, 3, 4 or 5 in the appropriate blocks to the left to indicate first, second, third, etc. housing choices. Each of the five housing options is described at http://www.uiowa.edu/businessmanager/short-term-housing.

❖ Minimum stay is one month; maximum stay is one year ❖

Please describe the academic opportunity made possible for your unit if an apartment is assigned as requested. This must be completed.

Sponsor's Name (Signed)__________________________________________
Sponsor's Name & Title (Printed or typed)______________________________

PLEASE RETURN COMPLETED FORM TO:

David Kieft
Business Manager
Business Manager’s Office
301 University Services Building

319-384-1830 (fax)
business-manager@uiowa.edu