

Bilkent University On-Campus Housing Application Form

This form should be filled out by the individual who will be the primary resident at this apartment. Individuals who are allocated an apartment on campus are required to have this apartment as their main and official place of residence and must personally reside in the said apartment on a full-time basis.

Name:

Position and department:

TC or YU number:

Date of Birth:

E-mail address:

Mobile phone number:

Proposed date for moving:

Proposed vacate date (if applicable):

Please fill out the following information for each additional resident at this apartment:

| Name | TC/YU No | Date of Birth | Relationship |
|------|----------|---------------|---|
| | | | <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Child (of self and/or spouse) <input type="checkbox"/> Other (please specify): |
| | | | <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Child (of self and/or spouse) <input type="checkbox"/> Other (please specify): |
| | | | <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Child (of self and/or spouse) <input type="checkbox"/> Other (please specify): |
| | | | <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Child (of self and/or spouse) <input type="checkbox"/> Other (please specify): |
| | | | <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Child (of self and/or spouse) <input type="checkbox"/> Other (please specify): |

If you are currently living on campus and applying to move to a different apartment, please explain your reasons for the request:

Special requirements, if any:

Do you own any pets, if yes please specify:

I certify that all the information on this form is accurate and complete. If an apartment is allocated for my use, I certify that it will be my full-time primary and official residence.

I have been informed about the Personal Data Protection Law, and the personal data I have provided with the document / form; I hereby accept the processing and/or transferring any of my personal information to be limited only to the matters stated in the clarification text and the purposes included in the relevant legislation.

Signature:

Date: