

VALPARAISO UNIVERSITY SCHOOL OF LAW
Off-Campus Rental Listing Form

Owner Contact Information

Name: _____

*Address: _____ *City: _____

_____ *State: _____ *Zip: _____

*Day Telephone: (_____) _____ *Evening Phone: (_____) _____

Facility Information

Name of Facility: _____

Manager's Name: _____

Rental Address: _____ City: _____

_____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Type of Facility: Apartment House Duplex Sleeping Room Other: _____

Rental Information

Furnished	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Washer/Dryer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	W/D Connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Conditioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laundry Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children Allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handicap Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Utilities Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(e.g., 2 Bedrooms & 1 Bathroom

Rental Amount: \$650 Deposit: \$400)

_____ Bedroom(s) & _____ Bathroom(s)	Rental Amount: \$ _____	Deposit: \$ _____
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_____ Bedroom(s) & _____ Bathroom(s)	Rental Amount: \$ _____	Deposit: \$ _____
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_____ Bedroom(s) & _____ Bathroom(s)	Rental Amount: \$ _____	Deposit: \$ _____

Lease Period: _____ Appx. distance from law school: _____

Additional Comments (20 words or less): _____

SIGNATURE: _____ **DATE:** _____

** This information will not be listed in the handbook or on the website at www.valpo.edu/law.*

***** By completing this form, you are giving Valparaiso University School of Law permission to list this rental property on our website.*****