

Office of Residential Life

OFF CAMPUS RENTAL LISTING

Date _____

Rental Address _____

Owner's Name _____

Owner's Address _____

Telephone _____

Email Address: _____

Check One

- Furnished
- Partially Furnished
- Unfurnished

Check One

- Room
- House
- Apartment
- Condo
- Townhome

Description of Listing (check all that apply)

- Carpeted
- Garage Available
- Off-Street Parking
- Cable Furnished
- Pets Allowed
- Children Allowed

Number of bedrooms _____

Number of Bathrooms _____

Distance from campus _____

Additional Information _____

Monthly Rent _____

Lease Required? _____

Security Deposit _____

Sub-lease Allowed? _____

Date Available _____

Resident Capacity per unit _____

\$45 per property listing. Multiple units within the same building count as one listing.

Make checks payable to Valparaiso University.
Mail to Office of Residential Life, 1509 Chapel Drive, Valparaiso, IN 46383.
Receipt Available Upon Request