

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)

Garage Available

Carpeted

Off-Street Parking

Pets Allowed

Children Allowed

Number of Bedrooms

Number of Bathrooms

Distance from Campus

Additional Information _____

Monthly Rent

Security Deposit

Resident Capacity

Lease Required?

Sub-Lease Allowed?

Date Available

\$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