

Family Housing Furnishing Request

Resident Name: _____ **ID Number: 800** _____

Unit Type: **2 Bedroom** **3 Bedroom**

1. Please note that is a request and not a guarantee for other than standard furnishings.
2. Changes in your furnishing request over the course of your contract could result in a space change fee.

ROOM/ITEM	NUMBER REQUESTED
Living Room	<u>Underline</u> is standard
Sofa	0 <u>1</u>
Living Room Chair(s)	0 1 <u>2</u>
Desk	0 <u>1</u> 2
Desk Chair(s)	0 <u>1</u> 2
Lamp(s)	0 1 <u>2</u>
End Tables	0 1 <u>2</u>
Kitchen	<u>Underline</u> is standard
Table	0 <u>1</u>
Chair(s)	0 1 2 3 <u>4</u>
1st Bedroom (Master)	<u>Underline</u> is standard
Queen Bed	0 <u>1</u>
Twin Bed(s)	0 1 2
Chest of Drawers	0 <u>1</u> 2
Lamp(s)	0 <u>1</u> 2
2nd Bedroom	<u>Underline</u> is standard
Twin Bed(s)	0 <u>1</u> 2 Bunk? Y N
Chest of Drawers	0 <u>1</u> 2
Lamp(s)	0 <u>1</u> 2
3rd Bedroom	<u>Underline</u> is standard
Twin Bed(s)	0 <u>1</u> 2 Bunk? Y N
Chest of Drawers	0 <u>1</u> 2
Lamp(s)	0 <u>1</u> 2

Resident Signature: _____ **Date:** _____

OFFICE USE ONLY:

CHO emailed to UHFM: _____ Staff Initials: _____

Apt: _____ To be completed by 3:30 p.m. on _____