Facilities Operations Housing Request

Use this form to request housing. Sponsors accept **full responsibility** for their visitor.

Requesting Departm	ent:		
Department Contact	: Name:		
Phone:			Email:
Host's Name			Host's Signature
Payment Source:	□Individual □*Departme	ent: Provide KFS Acco	ount
Tenant Information			
Visitor's Name:			
Visitor's Phone:			
□Dean/Director	□Faculty	□ Post Doc	□Other:
Arrival Date:			Departure Date:
Preferred accommo	<u>dations</u>		
# of Bedrooms		# of Bathrooms	Proximity to campus
Special Requests/Limitations:			
Additional Comments:			
Department Head's Name			Department Head's Signature

Please submit completed form via email to FOBSRentalProperties@uconn.edu

^{*}If UConn will pay rent on behalf of a tenant, please complete the "Supplemental Information Request for Tax Compliance Form" found at https://tax.uconn.edu/wp-content/uploads/sites/1262/2019/05/Supplemental-Information-Request-for-Tax-Compliance-On-Campus-Housing-Application-1.pdf

^{**}If there is a change to the Payment Source, Facilities Operations must be notified prior to the signing of the lease.