

Facilities Operations Housing Request

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

Requesting Department: _____

Department Contact Name: _____

Phone: _____

Email: _____

Host's Name _____

Host's Signature _____

Payment Source: ☐ Individual

☐ *Department: Provide KFS Account _____

Tenant Information

Visitor's Name: _____

Visitor's Phone: _____

Visitor's E-mail: _____

☐ Dean/Director ☐ Faculty ☐ Post Doc ☐ Other: _____

Arrival Date: _____

Departure Date: _____

Preferred accommodations

of Bedrooms _____ # of Bathrooms _____ Proximity to campus _____

Number of Occupants: _____

Special Requests/Limitations: _____

Additional Comments: _____

Department Head's Name _____

Department Head's Signature _____

*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>

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

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