



Sigma Chi House Corporation of Springfield, Missouri

Sigma Chi Fraternity Resident Profile Form

Eta Kappa Chapter • Missouri State University
P.O. Box 7291, Overland Park, KS 66207 • cchampion@kalo.com

THIS FORM WILL BE RETAINED BY THE PROPERTY MANAGER AND WILL BE KEPT CONFIDENTIAL

For inquiries about the rental property, please contact the property manager, Amanda Loveland at (417) 823-3950.

Your Academic year mailing address will be: 832 S. Kimbrough Ave., Apartment Number, Springfield, MO 65806 .

Please select your apartment type: Single Occupancy ____ | Double Occupancy ____

RESIDENT'S PERSONAL INFORMATION

Name: _____ MSU Student ID: _____

Cell Phone: _____ Alternate Phone: _____ DOB: ____/____/____

Email Address: _____

RESIDENT'S PERMANENT ADDRESS (not school address)

Street Address: _____

City: _____ State: _____ Zipcode: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation to Resident: _____

ROOMMATE SELECTION FOR DOUBLE OCCUPANCY APARTMENT

Roommate's Name: _____ Phone: _____

Roommate's Email Address: _____

VEHICLE INFORMATION

One vehicle per Resident will be permitted parking within the Chapter House parking lot. Will you bring a vehicle? YES / NO

Vehicle Make: _____ Model: _____ Color: _____ License Plate #: _____

I, _____, declare that the information I have provided is true and correct, and contain no misrepresentations. I authorize the Property Manager to contact selected roommate to confirm that this individual agrees with roommate assignment. I understand that incomplete or incorrect information provided in the application may cause a delay in processing or may result in delayed access to Chapter House and to apartment.

Signature: _____ Date: ____/____/____

OFFICE USE

Apartment Number: _____ Access Information: _____