Physician Assistant Department



Western Michigan University

Kalamazoo, MI 49008-5138

Rentor Name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

1. How many students can you accommodate at any given time? Click here to enter text.
2. Do you have a preference for male or female renters?

Male only  Female only  Either

1. Check which best describes the accommodation you have available:

Sleeping room

Private sleeping/study area with house privileges

A separate apartment unit

Kitchen use  No kitchen use

Kitchen utensils, dishes, etc.  Meals with family

Laundry facilities   Linens provided

Shared bath facilities  Private bath

Shared living space  Private entrance

1. Can there be provisions for mail delivery? Yes  No
2. Conduct: Are there any house rules such as no smoking, overnight guests, hours, no drinking, etc. of which you want the student to be aware? If so, list below:

Click here to enter text.

1. List any other information the student should be aware of regarding the housing provided:

Click here to enter text.

1. Please indicate location to hospital:

Within Walking Distance Driving Distance: Click here to enter text. miles

1. Housing Cost:

Click here to enter text. per week

Click here to enter text. per month

1. Please indicate any time period that you would NOT be available to provide housing:

Click here to enter text.

1. Kalamazoo residents only; Housing available to:

First year students  Second year students  Either