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