



Todi Housing Form

Please fill in this questionnaire as completely and honestly as you can. Based on the information you provide, we will make every effort to place you in accommodations which work well for you. We cannot guarantee to fulfill all of your requests, but we will do our best to accommodate as many of them as possible.

Please print clearly.

Full Name: _____ Female Male

Address: _____

College or university: _____ Major: _____ Year: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Please check any of the following which apply to you:

- Extrovert Introvert Picky Eater Eat Anything Vegetarian
- Neat Messy Night Owl Early to Bed
- Adventurous Cautious Church-Goer/Which Church? _____
- I am a light medium heavy smoker.
- I am NOT a smoker. I mind I do not mind if my roommate smokes.

Are there any health or other factors we should take into account in arranging your housing?

Are there any sports or other activities you wish to keep up in Todi?

Please indicate your agreement to the following:

I accept full responsibility for any damage I cause or debts I incur during my stay in Todi.

Signature: _____ Date: _____

Please print your name: _____

Do you suffer from any allergies?

no

yes

severe

mild

If yes, please give details:

Do you have any dietary restrictions?

no

yes

If yes, please give details:

Interests, hobbies, leisure pursuits:

Jobs held in the past: