UNIVERSITY HOUSING
SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Family Housing Furnishing Request

Resident Name: _____ ID Number: 800_____

Unit Type: ☐ 2 Bedroom ☐ 3 Bedroom

1. Please note that is a request and not a guarantee for other than standard furnishings.
2. Changes in your furnishing request over the course of your contract could result in a space change fee.

ROOM/ITEM	NUMBER REQUESTED
Living Room	**Underline is standard**
Sofa	◯0 ◯1
Living Room Chair(s)	◯0 ◯1 ◯2
Desk	◯0 ◯1 ◯2
Desk Chair(s)	◯0 ◯1 ◯2
Lamp(s)	◯0 ◯1 ◯2
End Tables	◯0 ◯1 ◯2
Kitchen	**Underline is standard**
Table	◯0 ◯1
Chair(s)	◯0 ◯1 ◯2 ◯3 ◯4
1st Bedroom (Master)	**Underline is standard**
Queen Bed	◯0 ◯1
Twin Bed(s)	◯0 ◯1 ◯2
Chest of Drawers	◯0 ◯1 ◯2
Lamp(s)	◯0 ◯1 ◯2
2nd Bedroom	**Underline is standard**
Twin Bed(s)	◯0 ◯1 ◯2 Bunk? ◯Y ◯N
Chest of Drawers	◯0 ◯1 ◯2
Lamp(s)	◯0 ◯1 ◯2
3rd Bedroom	**Underline is standard**
Twin Bed(s)	◯0 ◯1 ◯2 Bunk? ◯Y ◯N
Chest of Drawers	◯0 ◯1 ◯2
Lamp(s)	◯0 ◯1 ◯2

Resident Signature: _____ Date: _____

OFFICE USE ONLY:
CHO emailed to UHFM: _____ Staff Initials: _____

Apt: _____ To be completed by 3:30 p.m. on _____