TEXAS MEDICAL CENTER HOUSING, INC. LAURENCE H. FAVROT TOWER APARTMENTS APPLICATION FOR HOUSING

Name					
Last	First	Middle	Sex	E-Mail Address	
Current Address:				() ()	
Street	City	State Country	Zip Code	Country Area Pl	hone #
	-	-		Code Code	
Names Of Additional P	ersons You Will Brin	g To Live With You And	Their Relationship To	You	
		5 - • • • • • • • • • • • • • •			
Person To Contact In E	marganay	Relations	hin Count	() ry Area Phone #	
reison to Contact III E	mergency	Kelations	Code	Code	
				()	
Hospital/School You W	ill Be Visiting I	Department	Supervisor/Contact N	Name Area Phone Code	#
				ime student at the school is rec	
move in. If you are not a s	tudent, a letter from the	institution stating your posit	ion or affiliation with the in	nstitution is required on or before	ore you move in.
FEES: To guarantee a	nd reserve an anartm	ent you must 1) contact	the management office	to confirm availability of	an apartment and 2)
				of \$400. A fixed administ	
				s lawful deductions) will b	
				eposit will not be refunded and travelers checks to T	
CENTER HOUSING,		ED. Trease man an ci	necks, money orders,	and travelers checks to	LAAS MEDICAL
For Credit Card Payn		ollowing:			
Amt. Authorized To De	educt From Credit Car	d \$	Type Of Credit Card	Exp. D	Date
Condhalder News			Can dit Cand Normh an		
Cardholder Name	·····		Credit Card Number		
Type Of Apartment De		One Bedroom	Small Ef		
(Number Choices in O	raer of Preference)	Large Efficiency	*3-Persol	n Shared Apartment	(*Non-Smoking)
				phone, television, cookwar	
		Corporation at 1-800-46	4-7928. For contract pa	arking, please contact Texas	s Medical Center
Customer Relations at 7	13//91-0101.				
	<u> </u>			111 m 1117 41 41	
Requested Move-In Da	te	Anticipated Move-Out D	late	Who Told You About	Us?
0: / D : 1T				T 1 2 D (
Signature Required To	Process Credit Card A	Account		Today's Date	
Mail or Fax to: Texas	Medical Center Hous	ing, Inc., 6540 Bellows L	ane, Suite 101, Houston	n, Texas 77030-2894 Fa	x: 713/799-8223
e-mail: favrot@texmed		website: www.tmc.edu/t		Phone: 713/797-096	
	• •	:00p (M-Th), 11:00a to 1	:00p (Fri.) Note: Appli	ications will be kept on fil	e for 90 days after
requested move-in dat	e.				
]	For Internal Use Only –			
Application Received			Deposit and Process	ing Fee Due Date & Time	
Offer Extended			Deposit and Processing Fee Received		
Lease Start Date		Scheduled Move-In I	Date	Lease End Date	