

**BROMLEY HALL - AT THE UNIVERSITY OF ILLINOIS**  
**Academic Year 2018-2019**  
**ROOM AND BOARD AGREEMENT ADDENDUM**

**PART ONE. STUDENT INFORMATION**

1. (Print) Student's Last Name \_\_\_\_\_ 2. Student's First Name \_\_\_\_\_ 2a. M.I. \_\_\_\_\_ 3. Student's Last 4 Social Security \_\_\_\_\_  
 4. Home Street Address \_\_\_\_\_ 5. City \_\_\_\_\_ 6. State \_\_\_\_\_ 7. Zip Code \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 8. Student's Cellular Telephone Number \_\_\_\_\_ 9. Gender (circle): Male Female 10. UIN # \_\_\_\_\_  
 11. Personal e-mail (not UIUC e-mail address): \_\_\_\_\_ 12. UIUC e-mail address: \_\_\_\_\_

**PART TWO. PARENT INFORMATION**

13. Parent or Guardian's Last Name \_\_\_\_\_ 14. Parent or Guardian's First Name \_\_\_\_\_ 15. Parents e-mail \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 16. Parent's Work Telephone Number (for emergency purposes) \_\_\_\_\_ 17. Parent's Last 4 Social Security Number (or Guarantor's) \_\_\_\_\_

I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions contained in the Academic Year 2018-2019 "Bromley Hall Room and Board Agreement" and "Rules & Regulations for Bromley Hall Residents." I hereby authorize a signature submitted by me by facsimile or other electronic transmission to be as valid and binding as my original signature. Along with this Addendum, I am submitting a Three Hundred Fifty Dollar (\$350) payment; (\$300) to be used for the Security Deposit, and (\$50) is a non-refundable processing fee required by the Agreement for the following accommodations: **(only check one)**

<u>All Meals Served</u>	<u>Any 2 Meals Per Day</u>
Allows a resident to enter dining room one time at <b>each meal offered</b> every day the food service is in operation.	Allows a resident to enter the dining room <b>twice a day</b> (i.e. for breakfast & lunch, lunch & dinner, or breakfast & dinner) every day the food service is in operation.
<b>4 Installments</b>	<b>4 Installments</b>
of	of
Total*	Total*
<input type="checkbox"/> Single 4,111.00 16,444.00	<input type="checkbox"/> Single 4,043.00 16,172.00
<input type="checkbox"/> Double 3,342.00 13,368.00	<input type="checkbox"/> Double 3,274.00 13,096.00
<input type="checkbox"/> Triple 2,925.00 11,700.00	<input type="checkbox"/> Triple 2,857.00 11,428.00
<input type="checkbox"/> Deluxe Double 3,940.00 15,760.00	<input type="checkbox"/> Deluxe Double 3,872.00 15,488.00
<input type="checkbox"/> Corner Deluxe Double 3,497.00 13,988.00	<input type="checkbox"/> Corner Deluxe Double 3,429.00 13,716.00
<input type="checkbox"/> Quad 2,657.00 10,628.00	<input type="checkbox"/> Quad 2,589.00 10,356.00
<b>*includes applicable sales taxes</b>	

I agree to pay the total amount due for my Room and Board accommodations in four equal installments, due on or before May 31, July 31, October 31, and December 31, 2018. I HAVE READ AND UNDERSTAND THE REFUND AND LIABILITY PROVISIONS CONTAINED IN THE AGREEMENT.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GUARANTY FOR VALUE RECEIVED, and in consideration for, and as inducement to, the AGENT making the foregoing Agreement, the undersigned guarantees to the AGENT full payment and performance by the STUDENT of his or her obligations under the Agreement without requiring notice of non-payment, non-performance, or proof of notice or demand, all of which the undersigned expressly waives, and the undersigned expressly consents to any modifications of the Agreement, including but not limited to extensions of the term of the Agreement and adjustments to the room and board rates contained in the Agreement, and any extensions of time or indulgences granted by the AGENT to the STUDENT. I HAVE READ AND UNDERSTAND THE REFUND AND LIABILITY PROVISIONS CONTAINED IN THE AGREEMENT. I hereby authorize a signature submitted by me by facsimile or other electronic transmission to be as valid and binding as my original signature.

Signature of Parent or Legal Guardian: \_\_\_\_\_, GUARANTOR

**PART THREE. RESIDENTIAL DATA** (for the Fall Semester of 2018)

18. Circle year in college: FR SO JR SR GR 19. Circle previous Housing: NEW On Campus Returning Resident Transfer  
 20. High School Name \_\_\_\_\_  
 21. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 22a. Roommate 1 requested: \_\_\_\_\_ 23a. Suitemate 1 requested: \_\_\_\_\_  
 22b. Roommate 2 requested: \_\_\_\_\_ 23b. Suitemate 2 requested: \_\_\_\_\_  
 22c. Roommate 3 requested: \_\_\_\_\_ 23c. Suitemate 3 requested: \_\_\_\_\_  
 24. Alternate Room Type: \_\_\_\_\_ 25. Curriculum/Major: \_\_\_\_\_  
 26. Study Habits: \_\_Morning \_\_Afternoon \_\_Evening \_\_Late Night  
 27. Hobbies/Activities: \_\_Sports \_\_Fitness \_\_Current Events \_\_Music (type-\_\_\_\_)  
 28. I enjoy going out regularly and socializing with friends and school mates. YES NO (please circle one)

**PART FOUR. CREDIT CARD INFORMATION / Please Charge My: VISA MasterCard for the Three Hundred Fifty Dollar (\$350.00) payment.**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_  
 (Three digits on back of credit card)

Cardholder's Name as is appears on Card \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Cardholder's Address (if different from address in Part I above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Facsimile to be sent to Bromley Hall, 910 South Third St., Champaign, Illinois - Facsimile Telephone No.630-839-0586)**