

BROMLEY HALL - AT THE UNIVERSITY OF ILLINOIS
Academic Year 2019-2020
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 2019-2020 "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 each meal offered every day the food service is in operation.	Allows a resident to enter the dining room twice a day (i.e. for breakfast & lunch, lunch & dinner, or breakfast & dinner) every day the food service is in operation.
4 Installments	4 Installments
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
*includes applicable sales taxes	

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, 2019. 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 2019)

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)