Iowa State University
Department of Residence (DOR)

Schilletter Village Guest Housing Contract

Revised: 2025

Top section to be filled out by the Sponsor

Sponsor Information *(full-time ISU employee to serve as point of contact)*

Last Name: _____ **First Name:** _____

Department: _____ **Sponsor Email:** _____ **Sponsor Phone:** _____

Departmental Contact: _____ **Contact Email:** _____ **Contact Phone:** _____
(if different from sponsor)

Billing Information

☐ **Paid by Department** _____
(please list Worktag)

☐ **Paid by Individual** _____
(Please list guest's University ID)

☐ **Other – Please explain:** _____

Contract Term

Check-in Date: _____

Check-out Date: _____

Contracts cannot be submitted no more than 6 months in advance and no less than 2 weeks in advance.
Requests for an extension of the contract term must be submitted no less than 7 days prior to the end date of the contract. Extension requests are never guaranteed.

Bottom section to be filled out by the Guest

Guest Information

Last Name: _____ **First Name:** _____ **Gender:** _____

Email: _____ **Cell Phone:** _____ **Birth Date:** _____

Street Address: _____ **City, State:** _____ **Zip Code:** _____

Family Member Information *(if applicable)*

Last Name:	First Name	Birth Date	Relationship to Guest
1.			
2.			
3.			
4.			

Statement of Agreement:

- This is a **LEGALLY BINDING** contract with the DOR that covers the duration of my stay in ISU On-Campus Guest Housing. The Guest Housing Contract Terms and Conditions (Terms) are available on the DOR website at http://housing.iastate.edu/guests/.
- By signing and submitting this contract, you are stating that you have read, understood, and accepted the Terms and all documents referenced therein.
- All contract cancellations requests **MUST BE SUBMITTED IN WRITING**. Verbal cancellations are not accepted. Cancellation deadlines are 48 hours prior to scheduled arrival.
- I, the undersigned, guarantee payment of all rents and fees incurred during the time that I am assigned to and/or live in on-campus housing. I understand that all rents and fees for housing and dining will be assessed to me via my U-Bill (http://www.ubill.iastate.edu/).
- I authorize the DOR to access my student educational records maintained by Iowa State University for legitimate business purposes associated with my residing in University Housing.

Sponsor Signature: _____ **Date:** _____

Guest Signature: _____ **Date:** _____