

Veterans Center 624 S. High Street West Chester, Pennsylvania 19383 Phone: 610-436-2862 Fax: 610-738-0587 e-mail: lmorrison@wcupa.edu

2017-18 VETERAN OR SPOUSE/DEPENDENT OF VETERAN HOUSING INFORMATION

Name (Print)			<u> </u>		
WCU ID #			_		
For: □ Fall 2017 ar (<i>Check both for whole year.</i>)	nd/or [Spring 20	18		
I will be living:					
 □ On campus □ Affiliated Housing (USH) – The Village □ Traditional Housing (Resid □ With parents or relatives o □ Off campus (not with parents) 	lence Life) - Go other than spou	shen Hall, K ise	ïllinger Hall, S		
Street Address					
City	St	ate	Zip Code		
Telephone Number					
Signature		Date _			
FOR OFFICE USE ONLY: Housing Status Reviewed by_					
Local address undated on PS					ļ