

*Little Wound School
P.O. Box#500
Kyle, South Dakota 57752
P.L. 100-207 Grant School*

**LITTLE WOUND SCHOOL
HOUSING APPLICATION**

Name of applicant: _____ Date: _____

New Request _____ Transfer Request _____ Emergency/Temporary Request _____

If request is for transfer, emergency or temporary, list reason for transfer: _____

Position at Little Wound School: _____

Marital Status: _____ Name of Spouse: _____

Dependents and relationship to applicant:	Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you or anyone in your home require a special needs dwelling unit? Yes _____ No _____

Reason: _____

Do you have any pets that would occupy the residence: Yes _____ No _____

If yes, describe: _____
(Note, this provision does not imply that pets are allowed.)

I have read and understand the terms and conditions of this application. All tenants living in Little Wound School housing quarters are expected to conduct themselves in a manner appropriate to an academic community living environment. All tenants/residents must abide by the policies and procedures of Little Wound School

I certify that all information is true and correct to the best of my knowledge. I understand that when I submit this signed application, am approved for housing, and sign a housing agreement, I am entering into a legal and binding agreement to occupy the assigned unit and under the terms and conditions of the Little Wound School policies and at the rate listed.

Applicant signature

Date