Bowling Green State University  
Greek Housing Replacement Project  
Initial Interest Housing Preference Form

Name of Greek Organization: ________________________________

Chapter President: __________________ Location of Current House (if applicable): ______________

Membership Information: Current #: ______ Ideal #: ______ # of Members Residing in Existing Greek Unit ______

Chapter Dues/Fee Structure
Dues: $______/_______ (specify: month/semester/etc.) Parlor Fees: $_____/_______ (specify: month/semester/etc.)

Other Costs/Fees to Members: ____________________________________________________________

House Corporation (circle yes or no) – Complete the following if you have an affiliated House Corporation
Legal Corporation Name: _____________________________ Type of Legal Entity (e.g. 501(c)3, 501(c)7): ______
Presiding Officer: ____________________________ Cash Reserves: ____________

Alumni Association/Chapter Advisor
Do you have an active Alumni Association for BGSU alumni of your chapter? _____ How many alumni do you have? ______
Name of Chapter Advisor: ____________________________

What type of Alumni Activities do you regularly undertake? ____________________________________________
_____________________________________________________________________________________

Replacement Housing Preferences (Be sure to consider the respective rental rates and parlor fees for these options)
Preferred Bed Capacity: __________ (single number or range is OK)

Preferred Housing Type

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Rank Top 3 Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Townhome Unit (3-6 Beds)</td>
<td></td>
</tr>
<tr>
<td>Residence Hall Style (Residence Hall Residential Configuration)</td>
<td>______</td>
</tr>
<tr>
<td>Resident Hall Style (Suite/Apartment Residential Configuration)</td>
<td>______</td>
</tr>
<tr>
<td>Detached/Stand-Alone House – Small (8 – 12 Beds)</td>
<td>______</td>
</tr>
<tr>
<td>Detached/Stand-Alone House – Medium (12 – 18 Beds)</td>
<td>______</td>
</tr>
<tr>
<td>Detached/Stand-Alone House – Large (16 – 26 Beds)</td>
<td>______</td>
</tr>
<tr>
<td>Opt Out: Not Interested in Participating in Replacement Housing Project</td>
<td>______</td>
</tr>
</tbody>
</table>

Form Submitted By

Signature: ____________________________ Date: __________

Name: ____________________________

Title: ____________________________

Entity: ____________________________

e-mail: ____________________________

Phone: ____________________________