



## **Waiver Application for Housing Policy Housing Live-Out Request**

### **POLICY**

A member must live in designated Delta Gamma housing if space is available or with her family unless Honor Board, in consultation with the vice president: finance, approves residence in other housing. Members should not sign leases or make arrangements to live outside of Delta Gamma housing until confirmation that Delta Gamma housing is filled to capacity.

### **SUBMIT TO**

Office of Housing ([housing@deltagamma.org](mailto:housing@deltagamma.org)) and chapter Honor Board through vp: social standards.

### **DEADLINE**

As soon as the need is known by the member, but no later than one week/seven days after issuance of the Room Agreement by the chapter to the member.

**To be completed by the member requesting to live out of the house and forwarded to the Office of Housing/FHC and vp: social standards.**

Name: \_\_\_\_\_

Chapter/House Corporation: \_\_\_\_\_

Institution: \_\_\_\_\_

Region: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Waiver Request Submission: \_\_\_\_\_

Current year in school: \_\_\_\_\_

Please share the reason you cannot meet the chapter's live-in requirements.  
Note below the attachments needed to accompany this request.

Provide any additional context and attach any relevant documentation for consideration.

If the reason for your application is a highly sensitive matter, please indicate below in Other.

**NOTES/ATTACHMENTS NEEDED FOR REQUESTS:**

- Medical: Doctor's note with a recommendation from your physician outlining how living-in will negatively affect member health.
- Mental Health: Doctor's note from your physician/clinician regarding what impacts living-in will have on your mental health.
- Allergies: The chapter is charged with exhausting all options to support the member with allergies. Please share what accommodations have been offered by the chapter in this case.
- Dietary Restrictions: Catering companies and chefs should be equipped to meet many dietary requirements. Please make sure to indicate in what these requirements are.
  - Date member met with chef/catering company to determine if restrictions can be accommodated.
- Other: Please be specific with your explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC: chapter president  
chapter vp: finance  
director of house management  
advisory team chair (ATC)  
Regional Housing Specialist (RHS)  
Regional Collegiate Specialist (RCS)

**HONOR BOARD USE ONLY:**

Initial submission date (OOH): \_\_\_\_\_

Stakeholder Notification Date: \_\_\_\_\_

Waiver Action Date (Board): \_\_\_\_\_

Stakeholder Notification Date: \_\_\_\_\_