

**Salisbury University**  
**Gender Inclusive Housing Community Application**

Gender Inclusive Housing (GIH) is a voluntary on-campus living option available to our students who wish to belong to a community not restricted by gender identity or expression. Subject to availability, this option is open to all interested students. For further information, please refer to the frequently asked questions listed in the Gender Inclusive Housing Policy at [www.salisbury.edu/housing](http://www.salisbury.edu/housing).

As an applicant for residency within Gender Inclusive Housing, I understand that should I be placed in the University's Gender Inclusive Housing:

- I will be placed with other students who wish to be in a gender inclusive environment, without regard to the sex, gender, gender identity or gender expression of those placed in the same residence.
- I will adhere to all University and Residence Hall policies in accordance with Salisbury University's Housing contract.
- I acknowledge that the maintenance of an inclusive, affirming, and safe living environment is dependent upon the efforts of all community members.
- I am encouraged to assist other residents living within Gender Inclusive Housing to maintain a space that is inclusive, affirming, and safe for all residents.
- I am encouraged to have open dialogue with my parent(s) or guardian(s) about my choice to reside in Gender Inclusive Housing.
- I am encouraged to be sensitive to the Preferred Gender Pronouns (PGP) of those individuals living within the community.
- I understand that it is not required that I live in Gender Inclusive Housing and I always have the choice of living in the housing associated with the gender with which I identify.

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current On-Campus Residence Hall/Room: \_\_\_\_\_

*By signing below, I confirm that I have read all of the information within this application and am aware that I may be assigned a roommate(s) who is also committed to Gender Inclusive Housing if a vacancy occurs within my room.*

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

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

Residence Life Office Approval: Y N Date: \_\_\_\_\_