



University nuhelot'ine thaiyots'ı nistameyimâkanak Blue Quills

APPLICATION FOR FULL-TIME POST-SECONDARY/UNIVERSITY PROGRAMS

Monthly: Student: single room \$300/month [] Diner on-site: Meal cards can be purchased at finance office or topped up.

Name First Middle Last Sex Date of Birth (d/m/y) / /

Address City Prov. Postal Code -

Telephone Cell E-mail

Marital Status: [] Married [] Single [] Divorced [] Common-law [] Other

Name of Spouse Spouse Phone #

Contact Person in Case of Emergency: Contact Phone #:

Status: [] Treaty [] Non-Status [] Metis [] Other Band Name Treaty #

Medical Issues

Program Attending: My Housing Will Be Paid By: Myself [] Sponsor []

Damage Deposit Fee/Rent Fee: (Damage Deposit and Rent is required in FULL before moving in, no exceptions.)

Damage \$300.00 Date Paid Rent: \$300.00/mth Date Paid

Expected Occupancy Date Departure Date

Cash: [] Certified Cheque: [] Money Order: [] Credit Card: [] Debit: []

NOTE: Damage Deposit is required 2 weeks prior to check-in and a 2 week notice is required when moving. The damage deposit will be kept if any damages to the room/property or if any items from room are missing.

RENT IS DUE ON THE 1ST OF EVERY MONTH IN FULL, NO EXCEPTIONS!

Absolutely no pets allowed.

(For Office Use Only)

BQ ID #: _____

Receipt #: _____

Cheque #: _____

Visa [] MC []

Credit Card# _____

Expiry Date _____

NOTE:

Certified Cheque or Money Order should be made payable to:

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I authorize investigation of all statements contained herein. I understand that any misrepresentation or omission is cause for refusal of admission or eviction. NOTE: APPLICATIONS CANNOT BE PROCESSED UNTIL Damage Deposit FEE IS RECEIVED IN FULL.

DID YOU ANSWER ALL THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE BEFORE SIGNING THIS APPLICATION FORM?

Signature: _____ Date: _____

Box 279, St. Paul, AB T0A 3A0 Phone Housing Department: (780) 645-4455 Ext. 222 Toll Free 1-888- 645-4455 Main Fax: (780) 645-5215

E-mail: sheilap@bluequills.ca

Visit us at: www.bluequills.ca