UNIVERSITY
nuxethot'ine thaa?ehots'i nistameyimâkanak
BLUE QUILLS

APPLICATION FOR STUDENT HOUSING
PART-TIME PROGRAMS
(In any Masters or Doctoral Programs)

Single room monthly ☐

Name_____ **Sex**_____ **Date of Birth (d/m/y)** _____/_____/_____
First **Middle** **Last**

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 #:** _____

Medical Issues _____

Program Attending: _____

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

Damage Date Paid_____ Rent: Date Paid _____

Expected Occupancy Date _____ Departure Date _____

Cash: ☐ Certified Cheque: ☐ Money Order: ☐ Credit Card: ☐ Debit: ☐

Please note:

RENT IS DUE ON THE 1ST OF EVERY MONTH in FULL, no exceptions!

Absolutely No Pets allowed inside dorm area or in rooms.

(For Office Use Only)

Receipt #: _____

Cheque #: _____

Visa ☐ **MC** ☐

Credit Card# _____

Expiry Date _____

NOTE:

Certified Cheque or Money Order should be made payable to:

UnBQ

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 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 (780) 645-4455 * Toll Free 1-888- 645-4455
Main Fax: (780) 645-5215
E-mail: sheilap@bluequills.ca **Visit us at:** www.bluequills.ca