



**APPLICATION FOR FULL-TIME/PART-TIME
STUDENT HOUSING
UNBQ UNIVERSITY PROGRAMS**

Monthly Room: Daily Stay:

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 #: _____

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 Date Paid _____ Rent: Date Paid _____

Expected Occupancy Date _____ Departure Date _____

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

<p>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.</p> <p>RENT IS DUE ON THE 1ST OF EVERY MONTH IN FULL, NO EXCEPTIONS!</p> <p>Absolutely no pets allowed.</p>	<p align="center">(For Office Use Only)</p> <p>BQ ID #: _____</p> <p>Receipt #: _____</p> <p>Cheque #: _____</p> <p>Visa <input type="checkbox"/> MC <input type="checkbox"/></p> <p>Credit Card# _____</p> <p>Expiry Date _____</p>	<p align="center">NOTE:</p> <p>Certified Cheque or Money Order should be made payable to: University Blue Quills</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

I authorize investigation of all statements contained herein. I understand that any misrepresentation or omission is cause for refusal of admission or eviction. **NOTE: Room will not be given until Damage and rent are paid 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