



**North West  
College**

# Application for Student Housing

## Meadow Lake Campus

**PRIVACY POLICY** – The personal information on this form is collected and protected under the provisions of the Freedom of Information and Protection of Privacy Act. This personal information is used to determine and verify your eligibility for Housing, for uses consistent with this purpose, and will not be shared with any party outside the College and the Saskatchewan Housing Corporation without your written permission, unless permitted or required or law.

**APPLICANT INFORMATION – Completed by ALL applicants**

Last Name		First Name		Initial	E-mail Address	
Permanent Mailing Address			City/Town		Province	Social Insurance Number
Postal Code	Phone Number:			Gender	Date of Birth / /	
	Alternative Number:			<input type="checkbox"/> Male	D/M/Y	
				<input type="checkbox"/> Female	SK Health #	
Length of residency at above:	If less than 1 year at above, give previous address:			Previously lived in NWRC ML Student Housing?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Year: _____		

**ACCOMMODATION REQUEST – Completed by ALL applicants**

Dates Required for Housing: <b>From:</b> _____ <b>To:</b> _____		Accommodation Preference: Mark 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> choices <input type="checkbox"/> SINGLE Occupancy <input type="checkbox"/> FAMILY Occupancy	
Program of Study:		___ 1 Bedroom (\$650/mo)    ___ 2 Bedroom (\$700/mo)	
Program Duration:		___ 2 Bedroom (\$500/mo)    ___ 3 Bedroom (\$950/mo)	
Academic Year:		___ 3 Bedroom (\$475/mo) <b>** Placement in preferred unit is not guaranteed.</b>	
		___ 4 Bedroom (\$450/mo)	

**SINGLE APPLICANTS – Completed by SINGLE Occupancy applicants**

<b>Do you smoke?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Note: College property is smoke-free, including housing units & individual rooms.	<b>Alcohol Use</b> <input type="checkbox"/> Non-drinker <input type="checkbox"/> Occasional (1-2 per wk) <input type="checkbox"/> Moderate (1-2 per day) <input type="checkbox"/> Regularly (3+ per day)	<b>Sleep Habits</b> <input type="checkbox"/> Early Bird <input type="checkbox"/> Night Owl <input type="checkbox"/> Average	<b>Cleanliness</b> <input type="checkbox"/> Extremely Neat <input type="checkbox"/> Tidy <input type="checkbox"/> Untidy <input type="checkbox"/> Messy	<b>Atmosphere</b> Living Space    Study Space <input type="checkbox"/> Social <input type="checkbox"/> Social <input type="checkbox"/> Studious <input type="checkbox"/> Studious <input type="checkbox"/> Mixed <input type="checkbox"/> Mixed	<b>Parking Needed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Make: _____ Colour: _____ License #: _____
<b>Environmental Sensitivities or Disabilities</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, a doctor's note is required.	<b>Roommate Preference</b> <input type="checkbox"/> Same Program <input type="checkbox"/> Different Program <input type="checkbox"/> Same Sex <input type="checkbox"/> Doesn't Matter <b>Name:</b> _____	<b>Health Problems or Concerns</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, please describe:</b> _____ _____ _____			

**ALL APPLICANTS ARE REQUIRED TO COMPLETE ATTACHED INCOME DECLARATION/CONSENT FORM**

**APPLICANT DECLARATION – Completed by ALL applicants – PLEASE READ CAREFULLY**

I certify that the information above is true, complete, and correct. I understand this application establishes my priority for assignment to housing if and/or when I am accepted in accordance with the established procedures. If accepted into Residence, I agree to comply with the policies, rules & regulations outlined in the Residence agreement and detailed in the Student Handbook. Upon receipt of a Residence Agreement, I understand that a security deposit for the lesser of \$500 or one month's rent is required by the deadline stated on the Residence Agreement to reserve my place.		<b>Payment Options:</b> <input type="checkbox"/> Cash (do not mail) <input type="checkbox"/> Interac (in person) <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque
Signed _____	Date D/M/Y _____	

**For OFFICE Use Only:** Application # \_\_\_\_\_  
Date Received: \_\_\_\_\_ Offered \_\_\_\_\_ Deadline \_\_\_\_\_  
Comments: \_\_\_\_\_



TENANT INCOME DECLARATION/CONSENT

Owner/Landlord: North West College

Address of Building:

415 7th Avenue West Meadow Lake S9X 1H6
Street City/Town Postal Code

Saskatchewan Housing Corporation (SHC) and Canada Mortgage and Housing Corporation (CMHC) fund programs to provide financial assistance to landlords to develop rental properties occupied by low and moderate income households. In order to determine eligibility for assistance, landlords are required to provide information about their tenant's income and number of persons living in the unit. Each household is asked to complete the following declaration verifying their household income. All information provided is kept strictly confidential.

Apt/Unit# Number of Bedrooms in Unit?

Client Type: Senior Family Single

Is Anyone in Your Household: First Nation Aboriginal Metis

Is this household in receipt of the Saskatchewan Rental Housing Supplement? Yes No

Use the Income Calculation worksheet to obtain Gross Annual Income. (Chart below)

List all Members of the Household (including dependents) (That will be living with you in the unit):

Table with 5 columns: Name, Gender, Date of Birth (d/m/y), Source of Income, Gross Annual Income. Includes a Total Household Income row at the bottom.

SIGN BACK OF PAGE

**DECLARATION/CONSENT**

I/We hereby certify and declare that the income stated is my/our total combined annual gross household income from all sources of all non-dependent persons residing in the unit.

I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to SHC to disclose and use any information provided by me/us for the purpose of determining the landlord's adherence to the operating agreement.

I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to SHC and/or CMHC for the purpose of conducting program evaluations.

I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to SHC and/or CMHC for audit purposes.

I/We hereby certify and declare that all the information contained in this declaration is true and complete in every respect.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date