

It is important to know that applying for student housing is separate from the general program application process at the College. It is a requirement of the Student Housing application that you be a student – defined as follows:

"An individual who is accepted as a full time student into a program being offered by the College or its post-secondary partners and who is in good standing at North West College".

The application form lists areas of preference, unit type, roommate etc., please fill in the application form according to your interest and we will try to accommodate your request. For more information, please contact 306-234-5100.

All applicants for student housing are required to complete the income declaration section of the Residence Application.

Use the checklist below to ensure that your application is complete and can be processed by the Residence Office.



Application for Residence is complete

Tenant Income Verification is complete listing ALL members of the household (your family members that will be living in the unit with you) and indicating ALL sources of income with the exception of Universal Child Care Benefits, GST, and the Child Tax Benefit.



Letter of Acceptance OR proof of registration into your program of study.

All approved applicants for student housing are required to sign a Residence Agreement. The College encourages potential residents to read the Agreement and related Residence Handbook as soon as possible and ask any questions they have regarding policies and operations of North West College's Student Housing.

Room assignments will be provided upon signing of Residence Agreement and payment of security deposit informing students about their unit and room numbers as well as roommates if applicable.

If you have any questions about the application process please contact: Meadow Lake Campus, Residence Clerk at 306-234-5100 Email: residences@northwestcollege.ca

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 I	NFORMAT	ION – <i>Compl</i>	eted by AL	L app	olican	ts			
Last Name First Name			lame			E-mail Addr	E-mail Address		
Permanent Mailing Address			City/To	City/Town			Province	Social I Numbe	insurance r
Postal Code	Phone Nun	nher							
					☐Male / /				
	Alternative				Female SK Health #				
Length of residency at above:	If less thar	n 1 year at ab	ove, give p	reviou	evious address: Previously lived in NWC M Student Housing? YES NO If YES, Y			NWC ML f YES, Year:	
ACCOMMODA	TION REQ	UEST – <i>Com</i>	pleted by A	ALL ap	plica	nts	l l		
Dates Required	for Housin	g:						Mark 1 st ,	2 nd , 3 rd choices
_		_					Dccupancy		FAMILY
From:		To:			Occupancy 1 Bedroom (\$700/mo)2 Bedroom (\$750/mo)				
Program of Stu	iay:				2 Bedroom (\$750/mo)2 Bedroom (\$750/mo)				
Program Durat	ion:				3 Bedroom (\$475/mo) 4 Bedroom (\$450/mo)				
Academic Year	:				** Placement in preferred unit is not guaranteed. Single Occupancy units will have one bedroom locked from use.				
APPLICANTS	– Complet	ed by All Oc	cupancy a	oplica	nts				
Do you smok			Sleep		Clea	nliness	Atmosphe		Parking
cannabis?	Non-dr	inker onal (1-2 per wk)	Habits			ry Neat	Living Space	Study Space	^{ce} Needed?
YES NO	🗌 Modera	ate (1-2 per day)	🗌 Early	Bird	🗌 Tid	y		Social	
Please Note:	_	rly (3+ per day)	- per day) 🔲 Night				Studious	Studious	Make:
College property is smoke-free,	Please No	te: We have a		iye		33 y			Colour: License #:
including housing ZERO tolerance policy on units & individual alcohol use at the									
rooms.	Residence								
Environmenta		Roommate Pre For the Fall of			Health Problems or Concerns YES NO				
Sensitivities	or	year there wil		If Yo	es, p	ease des	scribe:		
Disabilities	า	available for shared accommodations.							
If Yes, a doctor's note is		accommodatio	ms.						
required.									
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.					Payment				
If accepted into Residence, I agree to comply with the policies, ru							Options:		
agreement and de	tailed in the S	tudent Handbook	. Upon receip	t of a Re	esidenc	e Agreemer	nt, I understand	that _	Cash (do not mail)
a security deposit of one month's rent (minimum of \$500) is req Agreement to reserve my place.			quired by the deadline stated on the Residence				Interac (in person)		
			Date (d/m/y)						
Signed				Date (d/m/y)					

For OFFICE Use Only: Application

Date Received:	Offered	Deadline
Comments:		

TENANT INCOME DECLARATION



Owner/Landlord:	North	West	College
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Client type:	Family
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Single

Is anyone in your household?

First Nation

Metis

International 🗌 Other

List all Members of the Household (including dependents):

Name	Gender	Date of Birth (d/m/y)	Source of Income	Gross Annual Income	
Total Household Income					

TENANT 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 (d/m/y)

Tenant Signature

Date (d/m/y)