



# RESIDENCE APPLICATION

Fax: 1-780-835-6693 Phone: 1-780-835-6652

Toll Free: 1-888-999-7882 Extension 652

Email: housing@gprc.ab.ca

Office Use Only
Room _____
Box _____

**PLEASE READ THE GUIDELINES ON THE REVERSE OF THIS FORM BEFORE YOU COMPLETE THIS APPLICATION.**

While the Residence Office attempts to place students in the dorm or suite requested, final room allocations are completed by Residence Staff. You are encouraged to apply for residence at the earliest date possible. This Application will not be processed unless it is completed in full and accompanied by a security deposit.

<b>APPLICANT INFORMATION – TO BE COMPLETED BY ALL APPLICANTS – PLEASE PRINT</b>										
Last Name			First Name			Initial	Birthdate			Age
							year	month	day	
Permanent Mailing Address (Box Number, Street, Apartment)						Student ID (if known)			<input type="checkbox"/> Male	<input type="checkbox"/> Female
City / Town			Province		Postal Code	Telephone Number ( )		Alternate Telephone Number ( )		
Program Registered In				Year of Program		Start Date			End Date	
<b>SINGLE STUDENT HOUSING – PLEASE PRINT</b>										
					Date Required					
<b>Please number in order of preference: #1(first choice) to #4 (fourth choice)</b>			<b>Please number in order of preference: #1(first choice) to #3 (third choice)</b>			<b>Those students applying for apartments or townhouses, please list the names, if known, of preferred roommates (must be mutually requested). Please print:</b>				
_____ Dorm Style Non-cooking			_____ 24 hour Quiet (No Alcohol)			_____				
_____ Dorm Style Cooking			_____ 24 hour Quiet			_____				
_____ Apartment (3 bedroom)			_____ Regular Unit			_____				
_____ Town House (4 bedroom)			<b>All accommodations are non-smoking.</b>			_____				
<b>COUPLES/FAMILY HOUSING – PLEASE PRINT</b>										
					Date Required					
<b>Please number in order of preference: #1(first choice) to #3 (third choice)</b>			Spouse's Last Name		First Name		Initial			
_____ Self-Contained 3 Bedroom Apartment			Number of Dependents		(list those who will be living with you at GPRC – Fairview Campus)					
_____ Self-Contained 2 Bedroom Apartment			<b>Name</b>		<b>Relationship</b>		<b>Age</b>			
_____ Self-Contained 1 Bedroom Apartment (detached but private cooking facility)										
<b>Marital Status/Dependents</b>										
_____ Single with dependents										
_____ Spouse/Partner with no dependents										
_____ Spouse/Partner with dependents			Is your spouse attending GPRC – Fairview Campus?		If yes, his/her: Student ID# _____					
			<input type="checkbox"/> NO <input type="checkbox"/> YES		Program _____					
<b>SECURITY DEPOSIT – PLEASE PRINT</b>										
A Security Deposit of <b>\$200</b> must be returned with this form. (NOTE: a \$75 cancellation fee will be levied on all room cancellations.)										
<input type="checkbox"/> VISA			<input type="checkbox"/> MASTERCARD			<input type="checkbox"/> AMERICAN EXPRESS			EXPIRY DATE	<b>OR</b> <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER
_____			_____			_____			_____	_____
Cardholder Name (please print)					Signature					

**STATEMENT OF HEALTH – TO BE COMPLETED BY ALL APPLICANTS – PLEASE PRINT**

Acceptance to Residence is not restricted to the physically fit; any special requirements should, however, be discussed with the Residence Staff. It is essential, for your welfare, that the Residence Office be aware of any pre-existing health problems or illness. The Residence Office reserves the right to refuse, change or terminate Residence accommodation if it becomes apparent that essential medical information was withheld or that a physical or mental condition, while in Residence, appears to affect the well being of themselves or other students.

To the best of my knowledge,  
I am in good health.

I have a medical condition or disability (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – TO BE COMPLETED BY ALL APPLICANTS – PLEASE PRINT**

Person to notify in case of emergency:

Last Name	First Name	Relationship		
Address (Box Number, Street, Apartment)				
City / Town	Province	Postal Code	Telephone Number ( )	Alternate Telephone Number ( )

**IMPORTANT STUDENT HOUSING GENERAL GUIDELINES**

Before you complete this application form, please read the following information on some basic rules and regulations affecting students who choose to access housing services. It is important to consider possible lifestyle changes while you are living as a student in a college housing environment. These basic housing rules are enforced. Your signature on this form indicates that you understand your responsibilities as a patron of GPRC – Fairview Campus Student Housing Services.

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|--|---|
| <ul style="list-style-type: none"> <li>• Alcohol is permitted in authorized areas only.</li> <li>• No glass beer bottles are allowed on campus.</li> <li>• No smoking permitted within residence buildings.</li> <li>• Using, consuming, possessing and trafficking of illegal drugs is strictly prohibited.</li> <li>• Firearms/weapons are not permitted on the premises.</li> <li>• Pets are not allowed in residence.</li> <li>• Unacceptable and excessive noise is not permitted in Residence.</li> <li>• Rates include furniture, appliances, all utilities and parking.</li> <li>• Motorcycles, ATVs, Snowmobiles etc are not permitted on residence property</li> </ul> | <ul style="list-style-type: none"> <li>• Every individual has the right to an environment characterized by mutual respect. Every individual has the responsibility to treat all members of the Institute community (including Staff and Students) with respect and without harassment.</li> <li>• You will be required to sign a Residence License Agreement which outlines your responsibilities and provides you with detailed housing rules and regulations.</li> <li>• All guests must possess a guest pass from the Residence Office. Guests may stay for no more than three nights per month. Hosts are responsible for guest's behavior.</li> <li>• Propping open secure doors or tampering with door mechanisms that impedes in any way with normal function of doors is prohibited.</li> </ul> |
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**APPLICANT DECLARATION – TO BE COMPLETED BY ALL APPLICANTS – READ CAREFULLY**

I certify that the information provided by me is true and that no relevant information has been withheld. I understand that providing false information on this application may result in the cancellation of this Residence Application. I understand that any or all of this information may be verified in order to process my application for housing services. I also agree that I will abide by all GPRC – Fairview Campus Residence rules and regulations if I am accepted in GPRC – Fairview Campus Residence.

Date of Application	Signature
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**NOTIFICATION**

E-Mail Address (if available)

Two to three weeks before your program start date, notification will be mailed or e-mailed to you in regards to your residence accommodation. Applications received less than two weeks before program start date will not receive a confirmation letter.

**APPLICATION PROCESS – READ AND FOLLOW CAREFULLY**

Return this fully completed, signed Application Form along with your **\$200 Security Deposit** by fax or mail to:

FAX: 1-780-835-6693	MAIL: GPRC–Fairview Campus Residence Box 3000 FAIRVIEW, AB T0H 1L0	If you have any questions about this Application Form or GPRC – Fairview Campus Residence, please contact our office toll free at 1-888-999-7882 Ext. 652 or 1-780-835-6652
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**Office Use Only**

**Date Application Received**

**Confirmation Sent**