

JANUARY RENTAL APPLICATION - An Clachan (This is NOT a lease)

Queen's University – Community Housing, 169 University Ave, Kingston, ON, K7L 3N6
community.housing@queensu.ca, fax 613.533.2196



START DATE, LEASE TERM, and APARTMENT TYPE (please complete all boxes)

Please note: There are no elevators in the An Clachan Complex (3 story buildings).

Start Date January 2, 2019 **Preferred Unit Type** 1 bedroom 2 bedroom 3 bedroom Any Available Unit

Lease Term 12 Month Unfurnished 12 Month FURNISHED 8 Month FURNISHED 4 Month FURNISHED (limited)

Floor Preference 1st Floor 2nd Floor 3rd Floor

*For 12 month leases, lease will end at **12:00 NOON on December 18, 2019**. (Rent will be prorated accordingly). For more information about this, please contact our office by email at the address shown above.

PRIMARY APPLICANT INFORMATION - (MUST be a Queen's Undergrad/Grad/PhD student, ESL Student*, Faculty*, Post Doc*, Staff*, Visiting Researcher/Scholar*. *Please include supporting documentation, e.g. appointment letter, with your application).

Title	Legal Last Name/Family Name	All Legal Given Names in Full	Preferred Name (e.g. Jim)	Date of Birth (MMDDYYYY)	Queen's Student #
Current Address (including Apt#, Street #, Street name)		City	Country	Province	Postal Code
@queensu.ca Email Address		Other Email Address	Home Phone #	Cell Phone #	
Queen's Status (e.g. Grad Student, Faculty, Staff, etc)		Expected Graduation/Completion Date	Signature		Date

OTHER ADULTS (18 years of age and older) WHO WILL BE LIVING WITH THE PRIMARY APPLICANT (please print)

Title	Legal Last Name/Family Name	All Legal Given Names in Full	Preferred Name (e.g. Jim)	Date of Birth (MMDDYYYY)	Queen's Student #
Home Address (including Apt#, Street #, Street name)		City	Country	Province	Postal Code
@queensu.ca Email Address		Other Email Address	Home Phone #	Cell Phone #	
Queen's Status (e.g. Grad Student, Faculty, Staff, etc)		Expected Graduation/Completion Date	Signature		Date

Title	Legal Last Name/Family Name	All Legal Given Names in Full	Preferred Name (e.g. Jim)	Date of Birth (MMDDYYYY)	Queen's Student #
Home Address (including Apt#, Street #, Street name)		City	Country	Province	Postal Code
@queensu.ca Email Address		Other Email Address	Home Phone #	Cell Phone #	
Queen's Status (e.g. Grad Student, Faculty, Staff, etc)		Expected Graduation/Completion Date	Signature		Date

Title	Legal Last Name/Family Name	All Legal Given Names in Full	Preferred Name (e.g. Jim)	Date of Birth (MMDDYYYY)	Queen's Student #
Home Address (including Apt#, Street #, Street name)		City	Country	Province	Postal Code
@queensu.ca Email Address		Other Email Address	Home Phone #	Cell Phone #	
Queen's Status (e.g. Grad Student, Faculty, Staff, etc)		Expected Graduation/Completion Date	Signature		Date

CHILDREN (under 18 years of age) WHO WILL BE LIVING WITH THE PRIMARY APPLICANT (please print)

Salutation (e.g. Mr., Mrs., Ms., Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)
Salutation (e.g. Mr., Mrs., Ms., Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)
Salutation (e.g. Mr., Mrs., Ms., Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)

APPLICANT(S) DECLARATION & AUTHORIZATION

In making this Application, I/We declare that the information reported on this form is true and complete. I/We give permission to Queen's Community Housing to verify my/our student status. I/We understand that if offered a unit based on false or incomplete information, the offer may be rescinded. I/We understand that application does not guarantee I/we will get a unit. I/We also authorize Queen's University, upon the termination of my/our tenancy, to release tenancy history and relevant credit information upon oral or written request from prospective landlords.

PROTECTION OF PRIVACY: The personal information requested on this form is collected and protected under the authority of the *Royal Charter of 1841*, as amended. It will be used to determine and verify your eligibility for rental accommodation and for uses consistent with that purpose. If your application is accepted, this personal information will be used to operate and administer the services provided by Community Housing and for uses consistent with that purpose. Direct questions expressly related to the collection and use of this information to: Associate Director (Community Housing), 169 University Avenue, Kingston, ON, K7L 3N6, 613.533.2501.

Office Use Only			
Date Received: ___/___/___	Date Entered in Yard: ___/___/___	Initials: _____	Unit Offered: _____
MM DD YYYY	MM DD YYYY		
			Revised 2018-09-11