

## APPLIANCE REQUEST FORM - AN CLACHAN/JOHN ORR TOWER

Queen's University – Community Housing

Additional Appliance Requested (check all that apply. If an appliance is not listed, it is prohibited in your property group)	Quantity	Approved?
<input type="checkbox"/> Air Conditioner (\$150/lease period; non-refundable) Make _____; Model# _____		
<input type="checkbox"/> BBQ - electric		
<input type="checkbox"/> BBQ - Propane or Charcoal (An Clachan only. Propane cylinders must not be stored inside)		
<input type="checkbox"/> Chest Freezer (please indicate size)		
<input type="checkbox"/> Mini Fridge		
<input type="checkbox"/> Refrigerator (17 cubic ft. or larger)		
<input type="checkbox"/> Refrigerator (less than 17 cubic ft.)		
<input type="checkbox"/> Oil Filled Space Heater		

**The Tenant(s) acknowledges and agrees that:**

1. submission of this form does not constitute permission;
2. **no appliances** other than those provided by Queen's Community Housing **are to be brought into and used in the Unit without prior written approval from Queen's Community Housing** and payment of additional non-refundable charges (if applicable); Such appliances include, but are not limited to those note above (reference your Tenant Handbook).
3. the Tenant(s) is responsible for the maintenance and cleaning of the additional appliance(s). Queen's staff will service only Queen's appliances;
4. if approval is granted for an appliance, additional fees, including any increases, will continue to be charged, where applicable, until the Tenant(s) removes the appliance(s) from the unit and notifies Community Housing in writing of said removal. An inspection will then be conducted to confirm removal at which point charges will no longer apply (note: air conditioner charges are per lease period and are non-refundable);
5. the Tenant(s) **IF NOT** returning in this unit, will remove all approved additional appliances from the unit/property at the completion of the lease at own expense, including where the tenant chooses to sell the appliance(s) to the next tenant(s) of the unit (i.e. vacant possession is required). Any additional appliances that are left will be removed at the tenant's expense;
6. the Tenant(s) **IF** returning to this unit for another lease period, **MUST** resubmit the request for additional appliance form for consideration and approval by Community Housing.
7. **Damages or service calls related to the use of additional appliances will be billed back to the Tenant(s).**
8. **Queen's Community Housing reserves the right to require removal of any previously approved additional appliances at its sole discretion.**
9. **The undersigned acknowledges that s/he is making this request on behalf of all tenants in the unit.**

UNIT ADDRESS		LEASE PERIOD	
Tenant Name (please print)		EMAIL ADDRESS	Date
Tenant Signature		Date	

**OFFICE USE ONLY**

Date Received	Received By	Approved? <input type="radio"/> Yes <input type="radio"/> No	Approval Date
Approval Comments			
Date Tenant Notified of Approval	Emailed Approval Notice <input type="radio"/> Yes <input type="radio"/> No	Email Sent by	
Amount to be Invoiced (if applicable)	YARDI Updated? <input type="radio"/> Yes <input type="radio"/> No		