

AN CLACHAN/JOHN ORR TOWER APPLICATION FOR ASSIGNMENT OR SUBTENANCY (this is not a lease)

Community Housing, 169 University Avenue, Kingston, ON, K7L 3N6



-This application is to be used by students who wish to take over a lease or sublet from a current tenant on a specific unit; additional information is available on our Community Housing website.
 -Only one application is to be filled out for your family/group. **Information for all intended occupants must be included.**
 -Only Queen's students are eligible to be named as Assignees or Sub-Tenants; all others will be included as occupants (if approved).
-Applicants who are found to be residing in the unit prior to signing an Assignment Agreement or Sublease may jeopardize their approval.
-Subtenants who wish to be considered for their own lease in the next lease period must submit an application for new lease.
-Applicants who are approved for sublet/assignment understand that any cleaning requirements for the unit they hope to sublet/assign is between them and the Tenant they will be renting from.

I AM APPLYING TO (check one only) Assign (takeover lease) Sub-Lease THE FOLLOWING UNIT:

Unit Address _____

APPLICANT INFORMATION (please print)

Salutation (Mr./Mrs./Ms./Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)	Queen's Student #
I am an active/registered Queen's Student	Queen's Email Address	Other Email Address	Home Phone #	Cell Phone #
House # and Street Address		City	Province	Postal Code
Country	Signature		Date	

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

Salutation (Mr./Mrs./Ms./Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)	Queen's Student #
Queen's Email Address	Other Email Address	Home Phone #	Cell Phone #	
Relationship to Applicant	Signature		Date	
Salutation (Mr./Mrs./Ms./Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)	Queen's Student #
Queen's Email Address	Other Email Address	Home Phone #	Cell Phone #	
Relationship to Applicant	Signature		Date	

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

Salutation (Mr./Mrs./Ms./Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)
Salutation (Mr./Mrs./Ms./Miss)	Legal Last Name/Family Name	All Legal Given Names in Full	Date of Birth (MM/DD/YYYY)
Salutation (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 have read and understand the policies and procedures related to Assignments and Subtenancies as provided on the Queen's Community Housing website. I/We give permission to Queen's Community Housing to verify my/our student status. I/We understand that if approval of my/our application is based on false or incomplete information, the approval and Agreement may be rescinded. I/We understand that application does not guarantee approval and/or allocation to a unit.

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: ____ / ____ / ____ Applicant Approved?: _____ Date: _____ Deadline to accept: _____
 MM DD YYYY