



**For Office Use Only**  
 Date Received: \_\_\_\_\_  
 Unit Assigned: \_\_\_\_\_

## Single Residence Application

**Reminder: Single student housing is for full time students only**

The personal information requested on this form is used to gain your consent to release and/or obtain your personal information under the authority of the *Colleges Act of Alberta*, which mandates the provision of programs and services by public colleges, as well as under the authority of sections 33(a) of the *Alberta Freedom of Information and Protection of Privacy Act* (FOIP). This personal information is protected by the provisions of FOIP Act. Your application will remain on file with the Housing Department for five years. If you have any questions about the collection of this information, contact the FOIP Coordinator, 8115 Franklin Avenue, Fort McMurray, AB T9H 2H7 or by phone at 780-791-4853.

**Personal Information:** Keyano College Student ID: \_\_\_\_\_ **Gender:**  Female  Male

**Last or Family Name:** \_\_\_\_\_ **Given or First Name:** \_\_\_\_\_

**Preferred First Name (if different from above):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Current Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province/State:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**How long have you lived at this address?** \_\_\_\_\_

**Are you required to provide your current Landlord with 30 days' notice to vacate current premises?**  Yes  No

\*\*Please note that if you are currently renting you must provide a reference from your current Landlord, including a contact phone number.

**Telephone & Email Contact Information:**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
 (Please print clearly – as all correspondence is done by email)

**Student Information:**

**I am currently accepted and registered in:** \_\_\_\_\_ **or** \_\_\_\_\_  
Program of Diploma Program

**I will be entering year:**  First year,  Second year,  Third year,  Fourth year

**Applying for:**

<input type="checkbox"/> <b>Fall &amp; Winter</b> (September - April)	<b>From:</b> _____
<input type="checkbox"/> <b>Fall</b> (September - December)	Month/Day/Year
<input type="checkbox"/> <b>Winter</b> (January - April)	
<input type="checkbox"/> <b>Spring</b> (Late April – June)	<b>To:</b> _____
<input type="checkbox"/> <b>Summer</b> (July – August)	Month/Day/Year
<b>Year:</b> 20____ to 20____	
<b>Residence Request:</b>	
<input type="checkbox"/> <b>Clearwater Hall</b> (On main campus)	
<input type="checkbox"/> <b>Riedel Townhouse</b> (Off campus)	
<input type="checkbox"/> <b>Penhorwood Townhouse</b> (Off campus)	
<b>Roommate Request (if applicable):</b>	
1. _____	3. _____
2. _____	4. _____

\*\* Please note: All requests must be mutual.

**Have you ever lived in Keyano College Housing:**  Yes  No

**If yes, when:** \_\_\_\_\_

**Have you ever lived in any other residence (college, university, camp) in the past 5 years:**  Yes  No

**If yes, where:** \_\_\_\_\_

**Statement of Health:**

Do you have any health conditions and/or disabilities that may affect your housing options?

**No, to the best of my knowledge I am in good health.**

**Yes, I do have a health condition, including severe allergy and/or disability.**

**If yes, please specific:** \_\_\_\_\_

**\*\* Please note:** It is essential for your own welfare that the Housing Department is aware of any preexisting health issues to ensure proper care and attention can be provided when necessary. Any special requirements need to be discussed with the Housing Department. The Housing Department in consultation with Health Services reserves the right to refuse, change or terminate housing accommodation if it becomes apparent that essential medical information was withheld or that a physical or mental condition appears to affect the wellbeing of other students.

OVER



**Residence Preference Questionnaire:**

1. **Would you prefer a very quiet residence?** \_\_\_\_\_ Yes \_\_\_\_\_ No
2. **Do you consume alcohol?** \_\_\_\_\_ Yes \_\_\_\_\_ No
3. **Do you mind if your roommates consume alcohol?** \_\_\_\_\_ Yes \_\_\_\_\_ No
4. **Do you smoke?** \_\_\_\_\_ Yes \_\_\_\_\_ No **\*\*N.B. All Keyano College residences are non-smoking.**
5. **My personality is:** \_\_\_\_\_ Outgoing, \_\_\_\_\_ Average, \_\_\_\_\_ Quiet/Reserved
6. **I prefer my living space to be:** \_\_\_\_\_ Clean/tidy, \_\_\_\_\_ Have the lived in look, \_\_\_\_\_ It's okay to be messy
7. **I enjoy partying:** \_\_\_\_\_ Anywhere/anytime, \_\_\_\_\_ Small get-togethers, \_\_\_\_\_ Rarely, \_\_\_\_\_ Never
8. **I prefer to live with roommates who are close in age:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ 18-21 yrs, \_\_\_\_\_ 22-25 yrs, \_\_\_\_\_ 26-29 yrs, \_\_\_\_\_ 30-34, \_\_\_\_\_ Above 35 yrs
9. **I prefer to live with roommates who enjoy:** \_\_\_\_\_ Studying, \_\_\_\_\_ Sports, \_\_\_\_\_ Gaming, \_\_\_\_\_ Hanging out
10. **Will you be playing on one a Huskies Sports Team:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, which one: \_\_\_\_\_ Volleyball, \_\_\_\_\_ Basketball, \_\_\_\_\_ Hockey, \_\_\_\_\_ Soccer

**Additional requests and/or concerns:** \_\_\_\_\_

\*\* Please note: The Housing Office reserves the right to request additional information if necessary. By completing this application, it does not guarantee you acceptance into student housing at Keyano College. If your application is incomplete or if the Housing Department is unable to get in touch with you your application will not be processed.

**Vehicle Information:**

**Do you plan on bringing a vehicle:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Contact Information:**

<b>First Contact:</b>	<b>Second Contact:</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Home Phone:</b> _____	<b>Home Phone:</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____

In submitting this application, I certify that I have read and agree to the eligibility and application, and declare that the information reported on this form to be true, correct and complete.

I understand that if I am assigned accommodation based on incorrect information, or if my circumstances change, the lease agreement may be terminated by Keyano College and the premises will need to be vacated immediately. I understand that this application does not guarantee assignment to Family Residence through Keyano College and that no changes can be made to this application after submission.

\_\_\_\_\_  
**Applicant Name (please print)**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**To be completed and signed if applicant is under 18 years of age:**

I guarantee to pay all relevant monies arising from the Student Housing contract for the above-mentioned applicant.

**PARENT/GUARDIAN OF APPLICANT**

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**