



NLC Residence Housing Application

1. Please submit your application on-line or directly to the Housing Administrator, Shaundra Reinink, at reininks@northernlakescollege.ca or fax 780-751-3382.
2. Accommodations are limited and will be leased on a first-come, first-served basis. The conditional acceptance of this application depends on information obtained and reviewed. Full acceptance will occur once the security deposit has been paid in full. The security deposit is refundable upon a tenant present check-out with no indicated damages.
3. For information or assistance in completing this application, please call (780) 751-3278.

ACCOMMODATIONS REQUIRED – COMPLETED BY ALL APPLICANTS

SLAVE LAKE / WABASCA/GROUARD /

PLEASE CIRCLE LOCATION

DATES REQUIRED: FROM: _____ TO: _____

MM/DD/YYYY

MM/DD/YYYY

- Single bedroom in townhouse/shared living space (Co-ed) (Available in Slave Lake, Wabasca, and Grouard)
- Single bedroom in townhouse/shared living space (Co-ed), Barrier Free (Wheelchair accessible) (Available in Slave Lake only)
- Family Furnished (3 bedrooms) (Available in Grouard only)
- Family Furnished (4 bedrooms) (Available in Grouard only)
- Family Unfurnished (3 bedrooms) (Available in Grouard only)

APPLICANT DATA: (ALL FIELDS MUST BE COMPLETED)

Name of Program attending: _____ Full-time/Part-time

NLC STUDENT ID# _____ BIRTHDATE _____ MM/DD/YYYY GENDER (M/F)

Name: _____
FIRST MIDDLE LAST

Telephone: () _____ Cell or alternate phone: () _____

Email Address: _____

Mailing address: _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Length of Residency at above address: _____ / _____
YEARS MONTHS

Have you previously lived in NLC Student Residence? YES/NO – If yes, Year _____ Grouard/Slave Lake/Peace River/Wabasca

Details: _____

Have you ever been convicted of a criminal offense? YES/NO – If yes, Reason: _____

Have you ever been evicted from any residence? YES/NO – If yes, Reason: _____

Have you ever filed for bankruptcy? YES/NO – If yes, When: _____

Income Tax Line 150 of last year's assessment: \$ _____

REFERENCE: Must be a previous Landlord or Professional Character Reference (CAN NOT BE FAMILY)

Name of Landlord: _____ Phone: _____

Name of Reference: _____ Phone: _____

Relationship to you? _____

DEPENDANT INFORMATION: Completed by those requesting family residence

Marital Status: _____

Spouse's Name: _____
First Middle Last

Is your spouse attending the college? YES/NO If yes, his/her NLC STUDENT ID# _____

Number of Dependents: _____

List all dependent's living with you:

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

APPLICANT DECLARATION: Completed by all applicants – Please read carefully

I certify that the information provided by me is true and that no relevant information has been withheld. I understand that any or all of this information may be verified in order to process my application for residence services. I also agree that I will abide by all College rules and regulations if I am accepted into the Student Residence.

Signature of Applicant: _____ Date: _____ MM/DD/YYYY

PROTECTION OF PRIVACY:

Your personal information is collected under the authority of the *Post-Secondary Learning Act and Section 33© of the Freedom of Information and Protection of Privacy Act (F.O.I.P.)* and is protected under the latter Act. Information on this form is used to determine your eligibility for program(s) or service(s), manage your enrollment, contact you after you leave, evaluate effectiveness or marketing, and generate statistics and reports. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator at 1 (780) 751-3282.

OFFICE USE ONLY – CONFIRMATION FROM AGGRESSO

DATE RECEIVED: _____ ACCEPTED: _____ OTHER: _____

PROGRAM: _____

START: _____ END: _____

Forward Completed Application to:
Housing Administrator, Facilities & Ancillary Services
Bag 3000 Grouard, AB T0G 1C0
Phone: (780) 751-3278; Toll-free; 1-866-652-3456 FAX: (780)751-3382