Application Instructions

Mail it to us! Complete the application, print it, sign it and mail or fax it to us at:

UBC Student Housing and Hospitality Services
2205 Lower Mall, Marine Drive building 6
Vancouver, BC
Canada V6T 1Z4

Fax it to us! Fax: +1 604-822-6935

Be sure that you include your $50 application fee and all required documents. Your application will not be processed without it.

Provided the applications are submitted within one 14-day span, one $50 application fee will cover the following residence applications:

• Vancouver campus — 2014/2015 Winter Session (14W)
• Vancouver campus — Year Round (YRH)
• Vancouver campus — 2014 Summer Session (14S)
• Okanagan campus — 2014/2015 Winter Session (14W)

We make residence offers via email!

From the date we email your residence offer you have seven (7) days to respond. So check your email frequently, and if you don’t have consistent email access have someone check it on your behalf.

If you fail to accept your time-limited offer of residence before the expiry date, the offer will be withdrawn and your residence application will be cancelled. Furthermore, any priority access benefits, including first-year guarantee (if applicable) will be terminated.

To ensure you receive your residence offer:

• Keep your email address and contact information current. Update your contact information at the online Student Service Centre. Log on using your CWL account and password.

• Update your Contacts/Safe lists: Make sure that our email addresses: information@housing.ubc.ca, summer@housing.ubc.ca, and yearround@housing.ubc.ca are added to your Contacts or Safe lists. This will ensure that your residence offer or related correspondence is not automatically deposited in a junk/bulk mail folder and deleted.
DATE received ____________________

ROOM assigned ____________________

Application fee CAD$50 (application fee is non-refundable)

Payment method:

☑ Cash (do not mail)
☑ Direct Debit (Interac)
☑ Cheque, bank draft or money order payable to: The University of British Columbia
☑ Visa ☐ MasterCard

Name of cardholder (please print)

Signature of cardholder

INFORMATION RELEASE

☐ YES ☐ NO

I permit information release, as per the privacy policy outlined on www.housing.ubc.ca

STUDENT STATUS

This will be my _______ year (1, 2, 3, etc.) registered at UBC, or I plan to be admitted to:

☑ Faculty of _______ in year _______ (1–5), or

☑ Faculty of Grad Studies, department of _______ in year _______ (1–5),

☑ Masters ☐ PhD

☐ Professional program ☐ Diploma program

Program start date ____________________

PRIORITY ACCESS

You may qualify for priority access. Send us supporting documentation and indicate if you:

☑ Am an Aboriginal student.

☑ Have a disability that significantly affects your housing needs, please contact UBC Access & Diversity at www.students.ubc.ca/access/disability-services/support-students/housing. Also, please describe your disability and accommodation required.

☑ Additional documentation required.

☑ Are a new student.

☑ Are a returning student.

☑ Have a part-time carer.

☑ Have a disability.

☑ Have other special circumstances.

☑ Additional documentation required.

In submitting this application I certify that I have read and agree to the application information, cancellation and refund policies as outlined at www.housing.ubc.ca, and declare that the information reported on this form is true, correct and complete.

I understand that if I am assigned accommodation based on incorrect information, or if my circumstances change, the contract may be terminated by the University and the accommodation is to be vacated immediately. I understand that application does not guarantee assignment and that no changes can be made to this application after submission.

Signature ____________________

Date ____________________

ROOMmate Preference

If you want to live with specific roommates, you must staple your applications together. We will use the following information to try to assign you with a roommate(s) who reports similar lifestyle choices, but this is dependent on the space available and we cannot guarantee this will occur.

Alcohol Use ☐ I don’t drink alcohol and prefer to live with non-drinkers.

☐ Alcohol use self-reports.

Select the one option from each of these categories that best describes you and your habits:

Sleep habits, I am:

☐ An Early Bird, I usually get up early in the morning
☐ A Night Owl, I usually go to bed late at night

Living space, I keep my living space:

☐ Very tidy
☐ Tidy
☐ Messy
☐ Tidy is not very important to me

GRADUATE, PROFESSIONAL STUDENTS, POST-DOCTORAL FELLOWS, VISITING FACULTY

GREEN COLLEGE AND ST. JOHN’S COLLEGE

All units are furnished.

You must be 19 years of age by August 31, 2014. Additional eligibility requirements at www.housing.ubc.ca.

☑ Green College Additional documentation required. College meal plan required.

☑ St. John’s College Additional documentation required. College meal plan required.

*Name of partner, if applicable ____________________

STUDENT FAMILIES ACADEIA PARK

☑ One bedroom in Highrise ☐ Two bedroom in University Apartments

☐ One bedroom in University Apartments ☐ Three bedroom in Townhouse

☐ Two bedroom in President’s Row ☐ University Apartments

☐ Three bedroom in Townhouse ☐ Four bedroom in University Apartments

☐ Four bedroom in Townhouse

Please list all persons who will be residing with you — including your spouse/partner and children. Children must be 18 years of age or younger and living with you a minimum of ten months per year. Documents supporting the number and age of children must be attached to this form — birth documents, passports, visas or medical cards, or this application will not be processed.

If you or your spouse/partner is pregnant, please identify child as “expected.” A doctor’s certificate is required.

Name ____________________ Sex ____________________ Relationship ____________________

Birthdate ____________________ Day / Month / Year ____________________

Have you lived in student family housing before? ☐ No ☐ Yes, if yes, what? ____________________

Signature ____________________ Date ____________________