



Housing Coordinator
Iniskim Centre
4825 Mount Royal Gate SW
Calgary, AB T3E 6K6

Phone: (403) 440-5946/5596
Fax: (403) 440-7207
www.mtroyal.ca/iniskimcentre

Iniskim Centre

Aboriginal Housing Application Checklist

- 1. Complete and submit an application (attached)**
- 2. Complete and submit an Estimated Monthly Budget Statement (attached)**
- 3. Submit most recent transcript (unofficial will be accepted)**
- 4. Submit a letter of intent**

Include family situation, academic goals, and Aboriginal ancestry
- 5. Submit a letter of reference (instructor or employer)**
- 6. Book a personal interview through Bonnie Pritchard at 440-5596**

Please submit completed application documents to:

**Iniskim Centre, Mount Royal College
4825 Mount Royal Gate, SW Calgary, AB T3E 6K6
Fax # (403) 440-7207, Phone # (403) 440-5596**

NOTE: If you will be requiring child care services, please make sure to ask the Iniskim Centre for an application for the Mount Royal Day Care as soon as possible! Space is very limited!

RESIDENCE HOUSING APPLICATION FORM

PERSONAL INFORMATION

Enter your full legal name: Do not use nicknames or initials eg. Use Robert not Rob, William not Bill; Use Upper and Lower Case when entering name eg. George Thomas Macdonald

Surname: _____
(Last Name)

Given Name: _____

Preferred Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

Gender: Male Female

Status: First Nation Inuit Métis

Are you a sponsored Student?(circle answer) Yes No

If 'Yes', what is the name of your Sponsor: _____

Sponsor Phone: _____

Sponsor Fax: _____

PERMANENT CONTACT DETAILS

Enter complete address without abbreviations (except directions) unless there is not enough room. The directions North (N), South (S), East (E) and West (W) should be abbreviated without a period. Do not use the # sign in front of apartment #.

Street Address: _____ Postal Code: _____

City: _____

Province/State: _____

Country: _____

Telephone: _____
(Including Area Code)

Cell Phone: _____

Email address: _____

EMERGENCY CONTACT DETAILS

Emergency Contact Information is required to live in Residence. By completing this Emergency Contact Information, you authorize Iniskim Centre Staff and Mount Royal College Residence Services to contact this individual in the event of an emergency.

Contact Name: _____

Street Address: _____ Postal Code: _____

City: _____ Province/State: _____ Country: _____

Home Phone: _____ Business Phone: _____
(Including area code)

INFORMATION FOR ROOM/UNIT ASSIGNMENT

Residence required for term (circle answer): Fall 2007 OR Fall 2007 & Winter 2008

Have you lived in residence before? Yes No

Are you interested in becoming a Residence Advisor (RA)? Yes No

Are you interested in: Single ☐ Family ☐

Are you interested in a Healthy Choice (alcohol and drug free) unit? Yes No

ACADEMIC INFORMATION

Program Name: _____

Year of the program you are entering: 1 2 3 4

ROOM MATE INFORMATION

ROOM MATE NOTIFICATION:

Iniskim Centre or Residence Services could assist you with contacting your room mates in shared units by circulation of the email addresses of the room mates prior to move-in.

I hereby consent to and authorize Iniskim Centre Staff and/or Mount Royal College Residence Services to disclose my email address to my room mates prior to move-in. Non-consent waives the privilege of receiving the email addresses of my room mates.

Do you agree? (circle answer) Yes No



ROOM MATE PREFERENCES:

(Note: all room mates must request each other. Please discuss with your proposed room mates to request you in their application also.)

Given Name

Surname (Last Name)

Room Mate 1:

Room Mate 2:

Room Mate 3:

While Iniskim Centre and Residence Services endeavour to accommodate the preferences of each applicant, we do not guarantee that all requests will be met.

Reminder: Residents under 18 years of age at the time of move-in must have a parent or guardian present to sign a Release Form and the Mount Royal College Residence Accommodation Agreement. These forms should be previewed on-line.

Deposit: I understand that, if accepted, a \$400.00 Security Deposit is required. Please see the Residence website for details on cancellation and notification.

If I am admitted, I hereby agree to abide by the Mount Royal College Residence Accommodation Agreement, the Residence Conduct Guide, and the RezNet Acceptable Use Policy. These forms should be previewed on-line. I certify that the information given on this application is true and complete in all respects and that no relevant information has been withheld.

Freedom of Information and Protection of Privacy (FOIP)

The personal information that you provide on this application form is controlled under the authority of the Freedom of Information and Protection of Privacy Act (FOIP), Section 33(c). This information will be used for the purpose of processing the application, assigning rooms, billing fees, and for emergency contact purposes. Your personal information is protected by FOIP and can be reviewed on request. If you have any questions about the collection or the use of the information, please contact the Iniskim Centre at 403-440-5173.

☐ **I accept** this Agreement and I authorize the Mount Royal College SmartCard Office to disclose my photo to Residence Services for the purposes of identification by Residence Services, Campus Security, or Agents acting on behalf of Residence Services in the residence complex. No applications for residence will be considered without the consent being provided. (Please tick the box)

Date:_____ Signature of Applicant:_____