



Canadore College / Nipissing University
Off-Campus Housing List



Landlord Application

Date Submitted: _____

Date Available: _____

Name of Landlord: _____
(Please Print Clearly)

Landlord's Address: _____
Street

_____ City Province Postal Code

Phone Number: _____
Daytime Phone Number Evening Phone Number

Rental Address: _____
Street (If different from Landlord's Address)

_____ City Province Postal Code

Type of Accommodation (Please check only one)

Vacant Apartment ___ Shared Apartment ___ Bachelor Apartment ___ Condo ___
 Vacant House ___ Shared House ___ Room & Board ___ Room Only ___
 Other (please specify) _____

Furnishing Information

Furnished ___
 Unfurnished ___
 Partially Furnished ___
 Appliances Only ___

Occupant Preference

Male ___
 Female ___
 No Preference ___

Student Preference

Canadore ___ Nipissing ___
 Nipissing Education ___
 Upper Year ___
 No Preference ___

Bus Route Information (Please check only one)

On Route/Direct Ride ___ Walking Distance/Direct Ride ___ None ___
 On Route/Transfer ___ Walking Distance/Transfer ___

Parking: Yes ___ No ___ Pay ___ Garage ___

Bathroom
 Private ___ Shared ___

Kitchen
 Private ___ Shared ___

Entrance
 Private ___ Shared ___

Included with Accommodation (Check all that apply)

Cable ___ Utilities ___ Laundry ___ Smoking ___ Pets ___

Wheelchair Access ___ Off Street Parking ___ A/C ___ Internet ___

Rent Monthly _____ Weekly _____

Lease: Yes _____ Month(s) No _____ Negotiable _____

Additional Information (In 25 words or less)

I understand and agree with Off-Campus Housing that:

- i) they are not accepting any responsibility whatsoever for renting my premises;
- ii) the acceptance of my listing is not in any way an endorsement of the accommodation that I am providing;
- iii) they require that I make no reference to such list in any promotional material or otherwise and that I will not in any way infer directly or indirectly that Off-Campus Housing is endorsing or promoting the accommodation that I am providing;
- iv) they have the right, in their sole discretion, to refuse or cancel my listing at any time and my fee for the time period when such refusal or cancellation will be refunded;
- v) I hereby authorize Off-Campus Housing to include the above information in the Off-Campus Housing list;
- vi) I understand the fee of \$45.00 (non-refundable) covers my registration from April 1st to March 31st of the following year, and that once my accommodation has been rented, it is my responsibility to have it removed from the list. I may re-list my accommodation during this time period if it becomes available, at no additional cost.

DATE: _____ **SIGNATURE:** _____

Payment Attached	Credit Card Information
Cash ___ Cheque ___ Debit ___	Mastercard ___ Visa ___
A \$45.00 fee <u>must</u> accompany this application	Card Number: _____
Receipt Required? Yes ___ No ___	Expiry: _____

Please return this form & payment to:

Off-Campus Housing
P. O. Box 5005
North Bay, ON P1B 8L7

Important: Please be advised that your homeowners' insurance may be affected by having boarders. We recommend you check with your insurance agent before listing on the Off-Campus Housing List.

Thank you for listing with Off-Campus Housing! Please call us if you have any questions 474-7600 ext 5345.