

Owen Sound Student Residence

1266 16th Street East

Owen Sound, Ontario N4K 1Z3

E-Mail: info@ossresidence.ca

Payments (e-transfer): payments@ossresidence.ca

Web Site: www.owensoundstudentresidence.com

Telephone: 226-668-6139

2022 LEASE OFFER

New Residence Application

Returning Residence Application

Student Personal Information

Surname: _____

First Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Date of Birth: _____

Gender: _____

Program Name: _____

Student Number: _____

How did you hear about Owen Sound Student Residence?

Owen Sound Student Residence

LEASE OFFER

Lease Term

CODE	LEASE TERM	DATE	MONTH	COST	Option #1	Option #2
					FULL PAYMENT	TWO PAYMENTS
1	Full Year	Sept 1 -Aug	12	\$7200.00	\$7200.00	\$3600.00
2A	Fall	Sept 1 -Apr	8	\$5800.00	\$5800.00	\$2900.00
2B	Fall Extended	May 1 -Aug	4	\$3000.00	\$3000.00	\$1500.00
3A	Winter	Jan 1 -Aug	8	\$5800.00	\$5800.00	\$2900.00
3B	Winter Extended	Sept 1 -Dec	4	\$3000.00	\$3000.00	\$1500.00
4	Spring	Jan 1 -Apr	4	\$3000.00	\$3000.00	\$1500.00
5	Other-Customized					

Lease rates are subject to annual increases. Lease offers are accepted on a first come first serve basis and do not guarantee occupancy.

Payment Options

Option #1
Full payment due _____, 20____ of \$ _____

Option #2
Two payments - 1st payment due _____, 20____ of \$ _____
Second payment due _____, 20____ of \$ _____

All payments will be accepted by **CASH, CERTIFIED CHEQUE, MONEY ORDER, BANK DRAFT, or E-TRANSFER ONLY**. Make your payment payable to Owen Sound Student Residence.

Application & Damage Deposit

A deposit of \$500.00 is required with your application form. Once you have been accepted into the residence it becomes a damage deposit. Interest will not be paid on the damage deposit. You will be asked to complete a room inspection form, return it to the office to be added to your file. Your room inspection form will then be compared to the final inspection upon your move out. This deposit will be used for such items as replacement keys, damage in your own room, common areas, exterior of the building, infractions to the community living standards, and internet agreement. The deposit or the balance of the deposit will be returned to you within one month after your term ends.

Owen Sound Student Residence1266 16th Street East

Owen Sound, Ontario N4K 1Z3

E-Mail: info@ossresidence.caPayments (e-transfer): payments@ossresidence.caWeb Site: www.owensoundstudentresidence.com

Telephone: 226-668-6139

LEASE OFFER**Guarantor Information**

Surname: _____ First Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Guarantor's Bank: _____ Bank Phone Number: _____

For the above named Landlord entering into the Tenancy Agreement at the above named address (premises), the Guarantor hereby agrees with the Landlord, its successors and assigns, that if default shall at any time be made by the Tenant in payment of rent or the performance of the Tenants legal agreement set forth in the Tenancy Agreement the Guarantor will pay the said rent. The guarantor shall also abide by all the rules and regulations set forth in the Tenancy Agreement and shall compensate the Landlord for any damages that may arise in consequence of the Tenants default.

I have read the above information and agree to the terms as outlined.

Guarantor: _____ (Print)

Guarantor: _____ (Signature)

Dated: _____

Freedom of Information/Privacy Act

The principal purpose of the collection of personal information is to administer this form, the Lease Offer, Tenancy Agreement and any associated payment or contractual obligations.

Owen Sound Student Residence1266 16th Street East

Owen Sound, Ontario N4K 1Z3

E-Mail: info@ossresidence.caPayments (e-transfer): payments@ossresidence.caWeb Site: www.owensoundstudentresidence.com

Telephone: 226-668-6139

LEASE OFFER**Primary Emergency Contact**

Surname: _____ First Name: _____

Street Name: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Relationship to Resident: _____

Secondary Emergency Contact

Surname: _____ First Name: _____

Street Name: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Relationship to Resident: _____

Health Information

Do you have a disability, illness, allergy, medications or similar health consideration that the Residence needs to know about in the event of an emergency? Yes No

Please explain below.

Student Photos

For security reasons, we require a copy of your driver's license.



Affix photo here