



# Housing Application

Complete this form, and return to the appropriate Campus:

Residence Manager  
 Nunavut Arctic College  
 Nunatta Campus  
 P.O. Box 220  
 Iqaluit, NU X0A 0H0  
 Phone: (867) 979-7287  
 Fax: (867) 979-7101

Residence Manager  
 Nunavut Arctic College  
 Kivalliq Campus  
 P.O. Bag 002  
 Rankin Inlet, NU X0C 0G0  
 Phone: (867) 645-5508  
 Fax: (867) 645-2387

Residence Manager  
 Nunavut Arctic College  
 Kitikmeot Campus  
 P.O. Box 54  
 Cambridge Bay, NU X0B 0C0  
 Phone: (867) 983-4097  
 Fax: (867) 983-4106

Last Name: _____		Given Name(s): _____	
Permanent mailing address			
P.O. Box /Street: _____			
Postal Code: _____			
Person to notify in case of emergency			
Name: _____		Relationship: _____	
P.O. Box / Street: _____		Community: _____	
Postal Code: _____		Phone (H): _____	Phone (W): _____
Have you lived in Nunavut Arctic College residence before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, when? _____			
Which Program will you be attending? _____			
Expected date of arrival (if known): _____		Estimated date of departure: _____	
What type of housing are you applying for?		<input type="checkbox"/> Single <input type="checkbox"/> Family (not available at Kivalliq Campus)	
Complete this section for FAMILY HOUSING only:			
Name of Spouse: _____			
Name of Children:	Date of Birth: (YY / MM / DD)		Age:
_____	/ /		_____
_____	/ /		_____
_____	/ /		_____
_____	/ /		_____
_____	/ /		_____
_____	/ /		_____
_____	/ /		_____
What size of unit do you require?		<input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom	
I, the undersigned, hereby apply for accommodation at Nunavut Arctic College. If admitted, I agree to abide by the rules of the Residences.			
In Nunatta residence/single quarters, I agree to pay for accommodation per week (includes room and meals).			
In Nunatta family quarters, I agree to pay a damage equal to one month's rent in advance, plus a key deposit of \$30.00, which will be returned to me upon approved clearance from my unit. I also agree to pay rent regularly on the first day of each month.			
I agree to vacate my room or allotted accommodation within five (5) days to leaving a Program or for failing to follow the rules of the Residences.			
Signature of applicant: _____			Date: _____