



A safe student residence

**STUDENT  
APPLICATION**

1140 Bloor Street West  
Toronto, Ontario  
M6H 4E6

Telephone # 416-536-6111

Fax # 416-536-6748

*Web Site: [www.studentresidencenht.com](http://www.studentresidencenht.com)*

*E-mail Address: [welcome@studentresidencenht.com](mailto:welcome@studentresidencenht.com)*

I am applying for a monthly agreement of:

8  12  Other  \_\_\_\_\_

My program start date (i.e. requested date to move-in): \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: Mr. / Ms. / Mrs. \_\_\_\_\_ , \_\_\_\_\_  
(Circle one) Last First Middle

Current Address: \_\_\_\_\_ , \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/town Province Postal Code

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DD / MM / YYYY

OHIP #: \_\_\_\_\_

(Ontario Health Insurance Plan # or equivalent if coming from outside Ontario.)

**IN CASE OF EMERGENCY CONTACT:**

Next of Kin #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone:( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Next of Kin #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone:( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

*If the contacts listed above are changed or are away for any extended period of time,  
please advise the office immediately with the new information.*

I will be attending:

- University of Toronto
- Royal Conservatory
- George Brown
- IADT
- OCAD
- Other: \_\_\_\_\_

My student number: \_\_\_\_\_ My academic program: \_\_\_\_\_

I will be paying rent by the: Semester  Month\*  (\* Not eligible for discount.)

How did you hear about New Horizons Tower? \_\_\_\_\_

Any serious allergies (esp. food) or dietary restrictions? \_\_\_\_\_

Any other medical conditions that you wish to disclose? \_\_\_\_\_

Any medication by injection? No  Yes\*  (\* Safety precautions required, please enquire.)

Please note: if you are on a Therapeutic Diet we will need a letter from your physician to authorize the diet. NHT will endeavour to meet your dietary requirements as possible.

I understand that all information given is confidential. I consent to the use of my name and room number, by the Residence, for various communication purposes within the residence. I certify that all information given on this form is accurate and true.

\_\_\_\_\_  
Signature of Guarantor\*

(\* if under 18 years of age)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### REFERENCES:

List two persons to whom we may refer (not relatives).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

CREDIT CARD (Required; Visa and MasterCard only are accepted):

Visa  MasterCard

Number:     -     -     -     Expiry date:   /    
month year

Name on card:

I, the cardholder, understand that the credit card information provided will be kept on file and used only as per my request or whenever the account remains unsettled past the payment due date. I authorize New Horizons Tower to charge the card, without prior notice, for the full amount owing plus the credit fee (5%) at their sole discretion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Do Not Write In This Space*

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*For Office Use Only*

*Room Number:* \_\_\_\_\_ *Last, First:* \_\_\_\_\_

*Admission/Effective Date:* \_\_\_\_\_

*Resident ID Number:* \_\_\_\_\_

*Rate per month:* \_\_\_\_\_

*Resident Status:* Private  Other  \_\_\_\_\_

**MISCELLANEOUS CHARGES:**

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**OTHER INFORMATION:**

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**DOB:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_  
          *DD*       *MM*       *YY*