

YWCA Hotel
733 Beatty Street
Vancouver, BC
V6B 2M4

tel: 604 895 5830
fax: 604 681 2550
email: hotel@ywcavan.org
ywcahotel.com



DATE : _____

APPLICATION FOR MONTHLY RENTAL OF GUEST ROOM

PLEASE NOTE: Residency is only available during the months of **September 1st through May 31st**
Residency is limited to 3 months only unless you are enrolled in an approved course of study
Daily and Weekly Rates only are available from June through August

An application fee of \$220 is required for each Resident applying. Applicants not accepted will not be charged.

In order to be considered for residency the following application must be completed IN FULL:

NAME: _____ PHONE: _____

EMAIL: _____

CURRENT or LAST ADDRESS: (include postal code) _____

BIRTH DATE: _____

Length of time at the above address: _____

Why have you decided to stay at the YWCA Hotel?

Vacation from: _____ Relocation from: _____

To Attend School - If so: School: _____

Course of Study: _____ Length of Course: _____

Other - Please explain: _____

Where did you hear about the YWCA Hotel? _____

Please briefly explain why you would like to stay at the YWCA Hotel: _____

Please describe yourself briefly (Interests, Plans or goals, Lifestyle): _____

What date would you like to check-in? _____

What date will you be checking out? _____

of persons in room ____ *(please complete one application form for each person in the room)*

What type of room would you prefer? (Circle your choice)

- Single bed (TV) with Hall Bath, & WC
- Double bed (TV) with Semiprivate Shower & WC
- Double bed (TV) with Private Shower & WC

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This area MUST be completed IN FULL before residency will be granted

IN CASE OF ACCIDENT OR ILLNESS, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please list any Health Conditions: _____

Are you taking medication for any of the above? _____ If so, what kind? _____

Please list the last two Landlords that will act as a reference on your behalf.

Name: _____ Time of Tenancy: _____

Address: _____ Phone: _____

Name: _____ Time of Tenancy: _____

Address: _____ Phone: _____

If for any reason you are unable to give at least one reference please note that reason below:

Monthly rates are subject to availability at the time of your application. These rates may be available from September 1st to May 31st only each year. One month's rent must be paid in advance at check-in at the YWCA Hotel.

The application fee can be paid by Visa, MasterCard, American Express, certified cheque or money order. Applications will not be considered and rooms will not be held until the fee has been received. If your application is not approved, the fee will be refunded to you. If your application is approved, the application fee is non-refundable. This fee is not included in the monthly rates quoted. Should you wish to charge this fee to a credit card, please submit your credit card number and expiry date with this application. If you wish to pay by certified cheque or money order, please send your payment and the completed application form by mail.

I, the undersigned, have read and understood the Resident Facility Guide & Policies and agree to adhere to all regulations of the YWCA Hotel. I understand that any balance of rents paid are non-refundable if I should check-out earlier than expected.

Signature

Visa, MasterCard, or Amex & expiry date (for application fee)
