**YWCA Hotel** tel: 604 895 5830

733 Beatty Street fax: 604 681 2550

Vancouver, BC email: hotel@ywcavan.org

V6B 2M4 ywcahotel.com



DATE :

YWCA Hotel/Residence

733 Beatty Street

Vancouver,

V6B 2M4

Fax: (604) 681-2550

BCTel: (604 895-5830

**APPLICATION FOR MONTHLY RENTAL OF GUEST ROOM**

PLEASE NOTE: Residency is only available during the months of***September through May*. Residency is limited to 3 months only unless you are enrolled in a course of study**. Daily Rates only are available from June through August.

An application fee is required with your application form: a $220 application fee is required for a foreign resident and $220 fee for each additional resident in a shared room. An $90 application fee is required for each Canadian resident. Residents will be asked to show their passports or proof of Canadian residency at check-in.

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

NAME: PHONE:

CURRENT or LAST ADDRESS: (include postal code)

BIRTH DATE: GENDER:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***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?*** *(please underline&* ***BOLD*** *or Circle your choice)*

**Single** bed (**TV**) with **Hall** Bath, & WC

**Double** bed (**TV**) w. **Semiprivate** Shower & WC

**Double** bed (**TV**) w **Private** Shower & WC

**Two double** beds(TV) with **Private** Shower & WC

# Note: The YWCA is a NON-SMOKING Hotel. All rooms are assigned on lower floors at the rear of the Building. Room changes after check-in are subject to a $50.00 Change Fee.

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FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY JEOPORDIZE YOUR CHANCES OF BEING ACCEPTED. This area MUST be completed before residency will be granted.

IN CASE OF ACCIDENT OR ILLNESS, PLEASE NOTIFY:

Name: Relationship:

Address: \_ Phone:

Do you have any chronic conditions: (Epilepsy, Diabetes, Psychiatric disorders, etc.)?

If yes, please specify:

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

***Please list below former landlords that will act as a reference on your behalf*.**

Name: Time of Tenancy:

Address: Phone:

*and*

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. Wifi is available throughout the hotel and free for our overnight guests and residents.

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The 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 Residence Facilities Guide and agree to adhere to all regulations of the YWCA Hotel. I know that I will be expected to sign a Residency Contract at check-in in order to be accepted as a resident. I understand that any balance of rents paid is non-refundable if I should check-out earlier than expected.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature OR Type full name and email address Visa, MasterCard, or Amex # & expiry date (for application fee)