

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 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.

Continue and Complete 2nd page and Sign

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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)
