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 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:	ME:PHONE:			
CURRENT or LAST ADDRESS: (include postal code)				
BIRTH DATE:	GENDER:	<del>_</del>		
Length of time at the above				
Why have you decided t	o stay at the YWCA Hotel?			
□ Vacation from:	Relocatio	n from:		
☐ To attend School - If so	o: School:			
		Length of Course:		
☐ Other - Please explain:				
+				
Where did you hear abo	ut the YWCA Hotel?			
•				
Please briefly explain w	hy you would like to stay at the	e YWCA Hotel:		
Please describe yoursel	f briefly (Interests, plans or goal	s, lifestyle <b>):</b>		
What date would you lik	e to check-in?			
What date will you be ch	ecking out?			
# of persons in room	(please complete one appli	cation 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 competed before residency will be granted.

IN CASE OF ACCIDENT OR ILLNESS,	PLEASE NOTIFY:
	Relationship:
Address:	Phone:
Do you have any chronic conditions: (Ep	pilepsy, 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 the	at will act as a reference on your behalf.
Name:	Time of Tenancy:
Address:	Phone:
	and
Name:	Time of Tenancy:
Address:	Phone:
September 1st to May 31st only each ye Hotel. Wifi is available throughout the hotel An application fee is required with your and \$220 fee for each additional resider	at the time of your application. These rates may be available from ear. One month's rent must be paid in advance at check-in at the YWCA otel at the extra cost of \$33 per 30 days (including all taxes).  application form: a \$220 application fee is required for a foreign resident in a shared room. A \$90 application fee is required for each Canadian a shared room. Residents will be asked to show their passports or
The fee can be paid by Visa, MasterCar not be considered and rooms will not be the fee will be refunded to you. If your a not included in the monthly rates quoted	rd, American Express, certified cheque or money order. Applications will held until the fee has been received. If your application is not approved, application is approved, the application fee is non-refundable. This fee is d. Should you wish to charge this fee to a credit card, please submit your this application. If you wish to pay by certified cheque or money order,
adhere to all regulations of the YV Contract at checkin in order to be	understood the Residence Facilities Guide and agree to VCA Hotel. I know that I will be expected to sign a Residency accepted as a resident. I understand that any balance of hould check-out earlier than expected.
Signature OR Type full name and email add	ress Visa, MasterCard, or Amex # & expiry date (for application fee)