

# CHAMPLAIN REGIONAL COLLEGE RESIDENCE APPLICATION FOR NEW RESIDENTS

# \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
Do not write in shaded area above (First Name - Prénom) (Family Name - Nom de famille)

DATE OF BIRTH: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER IDENTITY: \_\_\_\_\_

I request a lease in  ENGLISH  FRENCH

LEASE FOR  Academic Year (August-May) or  Fall only (Available for students graduating in December only) or  Winter only

Are you trying out for a sports team? SOCCER LACROSSE  FOOTBALL HOCKEY  BASKETBALL

**DO YOU REQUIRE PARKING?** Parking is \$75 per semester and based on availability. This fee is for residence parking only, not campus.

YES  NO

I WOULD PREFER TO LIVE IN A BUILDING WHERE QUIET HOURS ARE OBSERVED STARTING AT:

9:00 p.m. 10:00 p.m. 11:00 p.m.

I WOULD PREFER ROOMMATES THAT ARE LIKE ME:

- Studious and quiet during weeknights;
- Semi-studious and semi-quiet during weeknights;
- Easy-going (noise does not bother me).

- Wash dishes daily and keep the apt. always clean;
- Wash dishes regularly and clean the apt. weekly;
- Wash dishes and clean apt. only when necessary.

My usual bedtime during the week:

9:00 - 10:00PM 10:30-11:30PM Midnight Later

Print names of preferred apartment-mates in order of priority: (Requests must be reciprocal.) In order to increase chances of being with your preferred apartment-mates all leases must be received by May 1st.

1ST: \_\_\_\_\_

2ND: \_\_\_\_\_

3RD: \_\_\_\_\_

4TH: \_\_\_\_\_

I DO NOT WISH TO LIVE WITH THESE PEOPLE:

**My program of study at Champlain College - Lennoxville is:** \_\_\_\_\_

Other Preferences:

**PLEASE PRINT YOUR PERMANENT HOME ADDRESS BELOW:**

Number	Street Name/Rural Route	Apartment	P.O. Box	City/town	Province	Postal Code
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**Student's email:** \_\_\_\_\_

Student's Cell No.: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

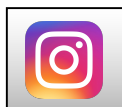
\_\_\_\_\_  
Print Mother's first name and MAIDEN family name above Mother's cell phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
or telephone # at work

\_\_\_\_\_  
Print father's first name and family name above Father's cell phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
or telephone # at work

NEW RESIDENT (\$40.00 processing fee payable only with first month rent)

➤ Please remember to save your application and to send it by email. Thank you!

Email: residence@crcmail.net



***"ChamplainResidence"***

*Follow us on Instagram to get updates and pictures of our Rez activities.*

Date: \_\_\_\_\_ Student's signature: \_\_\_\_\_