

# College and Wiggins Residence Ltd.

1236 College Drive, Saskatoon, SK, S7N 0W4

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[www.college-wiggins.com](http://www.college-wiggins.com)

## Request for Short Term Residency

**New Resident Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:** M \_\_ F \_\_ **Date of Birth:** \_\_\_\_\_

Have you been a resident here before: Y: \_\_\_\_ N: \_\_\_\_ If yes, which academic year(s) \_\_\_\_\_

Indicate preference, in numerical order, for accommodation.

\_\_\_\_ single room shared bath

\_\_\_\_ double room\* shared bath

\*Double room rates apply only when there a roommates available. In addition to room rates, a refundable \$500.00 caution fee and key deposit will be charged.

\_\_\_\_ Request parking (\$75per month) (limited to a few spaces therefore will be provided if possible)

**Arrival Day:** \_\_\_\_\_ **Time In:** \_\_\_\_\_ **Moving Out Day:** \_\_\_\_\_

Did someone refer you to stay at the College and Wiggins Residence? Y: \_\_N: \_\_. If yes, please describe:

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### Name and Phone Number of Referral:

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Referral Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**On behalf of College and Wiggins Residence**