

Student Life Department

OFF-CAMPUS HOUSING REGISTRATION FORM

P.O. Box 2034 Hamilton, ON L8N 3T2

Phone: (905) 575-2262 **Fax:** (905) 575-2264**Brantford Campus:** (519) 758-6022 **Fax:** (519) 758-6059**E-mail:** housing@mohawkcollege.ca **Website:** <http://housing.mohawkcollege.ca>Has this property previously been listed with Mohawk College Off-Campus Housing? Yes No**LANDLORD INFORMATION**

Contact/Landlord: (Check One) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
First Name: _____ Last Name: _____
Owner Address: _____
City: _____ Province: _____ Postal Code: _____
Primary Phone: _____ Secondary Phone: _____
E-mail Address: _____

*** The E-mail address listed above will be available for people to view on the Off-Campus Housing public domain website. Mohawk College is not responsible for any misuse of your E-mail address. ***

PROPERTY INFORMATION

<i>(If different from above address)</i>
Property Address: _____
City: _____ Province: _____ Postal Code: _____

Yearly Listing Fees**Hamilton/Stoney Creek**High-Rise/Low-Rise Apartments **\$100** per listing.Duplex & Houses **\$75.00** per listing.Room in Landlords Home, Room & Board, & Apartment in a House **\$50.00** per listing.**Brantford - \$35.00** per listing.**All listings are effective for one year from the date of payment.**

Please make cheque payable to Mohawk College. Other payment options are available in person. Fees are non-refundable and non-transferable. A separate fee is required for each listing. Listings are valid for 365 days and may be changed at the landlord's request. **Please notify the housing office when your listing has been rented.** Mohawk College reserves the right to refuse or remove property listings. Landlords will be notified in writing of any formal complaint against them.

LISTING INFORMATION:

ACCOMMODATION CLASSIFICATION: (Please Check One)

- 1. Room in Landlord's Home - A bedroom in the landlord's home, usually sharing kitchen and bathroom.
2. Room & Board - A bedroom in the landlord's home, usually sharing kitchen & bathroom, meals provided.
3. High Rise/Low Rise Apartment - Traditional apartment with many floors [high rise] or few floors [low rise].
4. Apartment in a House - Self-contained accommodation in the basement/upper level of a landlord's home.
5. House - A whole house could be rented on an individual or group basis. Landlord doesn't live on property.
6. Duplex - A house divided into two separate apartments rented as a whole apartment or by room.
7. Sublet - Room/Apartment rented by student and they are looking to replace with another student tenant.

Number of Bedrooms Available for Rent: []

Total Number of Bedrooms in Property: []

Rent Amount: \$ _____

Lease Terms: (Check One)

Tenant Preference*:

Rate Period: [] Week [] Month

- [] Lease Negotiable
[] Lease Required
[] Sublet
[] Month to Month
[] No Lease

- [] None
[] Male
[] Female

Rate Per: [] Room [] Property

*Applicable only for Room in a Landlord's Home/Room & Board

Date Available: Month: _____ Day: _____ Year: _____

Comments: MAXIMUM 100 CHARACTERS: (i.e. Clean, Newly Renovated, Hardwood Flooring, etc.)

Property Features: (Please Check all that is Applicable.)

- [] Heat Included [] Hydro Included [] Water Included
[] Cable Included [] Has A/C [] Internet Included
[] Can Walk To College [] Smoking Permitted [] Wheelchair Accessible

Bus Route #: _____

Laundry: (Check One)

Parking Spaces:

Bathroom: (Check One)

- [] Not Available
[] Included
[] Pay/Coin-op

- [] None
[] _____ Space(s)

- [] Private (not shared at all)
[] Shared with Landlord
[] Shared with Tenant

Parking Type: (Check One)

Furnished: (Check One)

Kitchen: (Check One)

- [] None
[] Pay
[] Garage
[] Street
[] Driveway

- [] Furnished
[] Unfurnished
[] Partially Furnished
[] Appliances Only

- [] Private (not shared at all)
[] Shared with Landlord
[] Shared with Tenant

Landlord's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Ref No. _____ Zone _____ Payment Date _____ Form of PMT _____ Initial _____